

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

19077

1. PLACE OF DEATH

County Franklin
Township Paranah
City..... (No.) St. Ward)

Registration District No. 294
Primary Registration District No. 3418

File No.
Registered No. 31

2. FULL NAME

Myrtle Blanche Lewis

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21 1930

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

17. I HEREBY CERTIFY, That I attended deceased from June 13, 1930, to June 21, 1930 that I last saw her alive on June 21, 1930, and that death occurred, on the date stated above, at 10 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 5-1898

THE CAUSE OF DEATH WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 2 12

Acute Dysentery
78 85
130

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

(duration) yrs. mos. 9 da.
CONTRIBUTORY (SECONDARY)
Epilepsy
(duration) 4 yrs. 1 mos. 1 da.

9. BIRTHPLACE (CITY OR TOWN) Crestonville MO
(STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER William T. Lewis

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY?.....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Liberty MO
(STATE OR COUNTRY)

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) C. W. Parker, M. D.
6/22 1930 (Address) Richwoods MO

12. MAIDEN NAME OF MOTHER Mary E. Woodcock

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Liberty MO
(STATE OR COUNTRY)

14. INFORMANT William T. Lewis
(Address) Liberty MO

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Fairview MO DATE OF BURIAL June 23 1930

15. FILED 6/22 1930 W. E. Blanche
REGISTRAR

20. UNDERTAKER Wm Casey D. Atcham
ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in plain terms, so that it may be properly classified. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in plain terms, so that it may be properly classified.

