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

Do not use this space.
20357

JUL 25 1930

1. PLACE OF DEATH
County Randolph
Township
City Moberly
Registration District No. 735
Primary Registration District No. 3034
File No.
Registered No. 254
(No. , St. Ward)

2. FULL NAME Wm Robert Arthur Lewis
(a) Residence. No. 510 Trautlen St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word):
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 3 1930
7. AGE: Years | Months 5 | Days 19 | If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DEATH
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER William Lewis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Laura Harvey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT Laura Louise Lewis
(Address)
15. FILED 6/23, 1930 Dr. Thos S. Fleming REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 22 1930
17. I HEREBY CERTIFY, That I attended deceased from June 19, 1930, to June 22, 1930 that I last saw h.. alive on June 22, 1930, and that death occurred, on the date stated above, at 4 P.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia
107 A
106 A
63 (duration) yrs. mos. 3 ds.
CONTRIBUTORY (SECONDARY) Acute Bronchitis
Rickets (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. A. Longdon, M. D.
June 23, 1930 (Address) Moberly Mo.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oakland Cem. | DATE OF BURIAL June 23 1930
20. UNDERTAKER Robert L Carr | ADDRESS Moberly Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.