

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

Do not use this space.

22148

**1. PLACE OF DEATH**

County Callaway  
Township Cleveland  
City Stephens (No. 1111)

Registration District No. 5-160  
Primary Registration District No. 3006

File No. 22148  
Registered No. 148  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Lawrence Eugene Lewis

(a) Residence. No. \_\_\_\_\_ 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 Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 1 Day 1925

7. AGE YEARS MONTHS DAYS 5 years IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(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) Stephens, Missouri  
(STATE OR COUNTRY)

10. NAME OF FATHER Floyd Lewis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Boone County Mo.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Susie Heckman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Callaway County Mo.  
(STATE OR COUNTRY)

14. INFORMANT \_\_\_\_\_  
(Address) \_\_\_\_\_

15. FILED 7-9-30 Brittine REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 9, 1930

17. I HEREBY CERTIFY, That I attended deceased from July 4, 1930, to July 9, 1930, that I last saw him alive on July 7, 1930, and that death occurred, on the date stated above, at 7:12 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Malaria fever & Septicemia

38 (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS (Signed) G. A. Bradford, M. D.  
, 19 \_\_\_\_\_ (Address) Chumbia 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 Impson Chapel DATE OF BURIAL 7-9 1930

20. UNDERTAKER M. W. Whitfield ADDRESS \_\_\_\_\_



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Callaway Registration District No. 1111 File No. ....  
Township Cleveland Primary Registration District No. 5160 Registered No. 148  
City (No. ....) St. .... Ward)

**2. FULL NAME**

Clarence Eugene Lewis  
(a) Residence No. .... 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 Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unk - 1925

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
3 years unk

**8. OCCUPATION OF DECEASED**

(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) Stephens  
(STATE OR COUNTRY) mo

10. NAME OF FATHER Lloyd Lewis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Boone Co.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Estelle Hickman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Callaway Co  
(STATE OR COUNTRY) mo

14. INFORMANT (Address) .....

15. FILED Spt 20 3.0 B. H. Stephens REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 9 1930

17. I HEREBY CERTIFY That I attended deceased from July 4 1930 to July 9 1930 that I last saw him alive on July 7 1930 and that death occurred, on the date stated above at 12:20 p.m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Malariel fever & septicaemia  
(duration) .... yrs. .... mos. 3 ds.

CONTRIBUTORY (SECONDARY) (duration) .... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) G. A. Bradford, M. D.

, 19 (Address) Columbia 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 Simpson Chaple DATE OF BURIAL 7-9 1930

20. UNDERTAKER W. A. Whitfield ADDRESS Columbia mo

S-22148