

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

Do not use this space.

26575

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Blair Primary Registration District No. 30.19
City Independence (No. Indep. Sanitarium)

File No. _____
Registered No. 249
St. _____ Ward _____

2. FULL NAME

Mary Cleoband Lewis
(a) Residence. No. 1016 W. Van Horn St. Indep. Sanitarium Ward Indep. Sanitarium
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 2 1930

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

17. I HEREBY CERTIFY, That I attended deceased from July 18, 1930, to Aug 2, 1930
that I last saw her alive on Aug 2, 1930, and that death occurred, on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 28 - 1871

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septic Infection - empyema of Gall bladder - Perforation of Gall bladder. Abscess.
(duration) _____ yrs. _____ mos. _____ ds.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
59 _____ 5

CONTRIBUTORY (SECONDARY) Gallstones
(duration) 6 yrs. _____ mos. _____ ds.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work House Wife 1929
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF _____

9. BIRTHPLACE (CITY OR TOWN) Cambridge
(STATE OR COUNTRY) Mo.

WAS THERE AN AUTOPSY? yes

10. NAME OF FATHER P. C. Porter

WHAT TEST CONFIRMED DIAGNOSIS autopsy
(Signed) J. H. Hicken M. D.
Aug 4 1930 (Address) Independence Mo

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

12. MAIDEN NAME OF MOTHER C. Porter

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

14. INFORMANT W. P. Lewis
(Address) 600 W. College

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Woodlawn Ind. Mo. DATE OF BURIAL Aug 4 1930

15. FILED 8-4-1930 J. H. Cook REGISTRAR

20. UNDERTAKER J. H. Hicken ADDRESS _____

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.

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10-1-1964

