

DEC 22 1930

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

Do not use this space.

38704

1. PLACE OF DEATH

County Linn
Township _____
City Brookfield (No. _____)

Registration District No. 496
Primary Registration District No. 3025

File No. _____
Registered No. 83
St. _____ Ward _____

2. FULL NAME Mary A. Lewis

(a) Residence. No. 827, Brookfield, Ave. 2 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 6 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF wife of Gaius Lewis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct., 6th. 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 1 8

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 _____

9. BIRTHPLACE (CITY OR TOWN) Copenhagen
(STATE OR COUNTRY) New York

10. NAME OF FATHER Do not know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) do not know
(STATE OR COUNTRY) N.Y.
12. MAIDEN NAME OF MOTHER Mrs. Goodenough
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) do not know
(STATE OR COUNTRY) N.Y.

14. INFORMANT Mrs. Hattie Rooker,
(Address) Brookfield, Mo

15. FILED 11/15 1930 Thos P. Foor
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 14, 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec. 1926 to Nov. 13, 1930
that I last saw her alive on Nov. 13, 1930, and that death occurred, on the date stated above, at 1 1 4 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
(duration) _____ yrs. _____ mos. 3 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 15 yrs. _____ mos. _____ ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? usual findings
(Signed) W. B. Simpson M.D.

Nov. 14, 1930 (Address) Brookfield 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 Rose Hill Cemetery DATE OF BURIAL 11/30
No. v. 13 0

20. UNDERTAKER C. W. Hill, Brookfield
ADDRESS _____

Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

