

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

Do not use this space.

37196

160

1. PLACE OF DEATH

County St. Francois
Township St. Francois
City Flat River (No.)

Registration District No. 774
Primary Registration District No. 6019B

File No.
Registered No.
St. Ward)

2. FULL NAME

Katie 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 <u>7</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Norman Lewis</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 24 - 1888</u>		
7. AGE	YEARS <u>42</u>	MONTHS <u>2</u>
	DAYs <u>16</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House work</u> (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) Madison Co. Mo.

PARENTS	10. NAME OF FATHER <u>Joseph Johnson</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>
	12. MAIDEN NAME OF MOTHER <u>Lucy Halden</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>

14. INFORMANT Earl Moore
(Address) Flat River Mo.

15. FILED Nov 30 1930 W J D Wagon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 10 1930

17. I HEREBY CERTIFY, That I attended deceased from June 10, 1930, to Nov. 9, 1930, and that I last saw her alive on Nov. 9, 1930, and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis

CONTRIBUTORY (SECONDARY) Locomotor Ataxia
(duration) 3 yrs. mos. ds.
(duration) 5 yrs. mos. ds.

18. WHERE AND HOW DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSYT
WHAT TEST CONFIRMED DIAGNOSIS
31 (Signed) E. C. Rohrbach, M. D.
11 : 1930 (Address) Flat River 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 Wood Lawn Cemetery DATE OF BURIAL 11-11 1930

20. UNDERTAKER Caldwell Bros. ADDRESS Flat River 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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

