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

Do not use this space.

38559

JAN 19 1931

1. PLACE OF DEATH
County Buchanan. Registration District No. 85
Township Primary Registration District No. 1001
City St. Joseph (No. 517 North 3rd Street St. Ward)

File No.
Registered No. 1288

2. FULL NAME Samuel Charles Lewis
(a) Residence. No. 517 North 3rd street 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 7, 1929

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
1	6	24	

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

9. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Samuel Lewis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Hazel Davis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

14. INFORMANT Samuel Lewis
(Address) 517 No. 3 St.-St. Joseph Mo.

15. FILED DEC 2 1930 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 1 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1930, to Nov 30, 1930 that I last saw him alive on Nov 30, 1930, and that death occurred, on the date stated above, at 3/55 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cappilary Bronchitis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Malnutrition

(duration) yrs. 1 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? Clinical
(Signed) Charles H. Werner M.D.
Dec. 1, 1930 (Address) 315 Kirkpatrick Bldg
St. Joseph 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: Mount Mora Cemetery
DATE OF BURIAL: Dec. 2 1930

20. UNDERTAKER: H. O. Sidenfaden
ADDRESS: 1802 Union St.

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