BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6197

1. PLACE OF DEATH
County Lincoln
Township
City Winfield (No. ..... St. ..... Ward)

Registration District No. 492
Primary Registration District No. 4299

File No. 164
Registered No.

2. FULL NAME Martha E. Lewis
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 23, 1872

7. AGE: Years 58 | Months 8 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

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) (STATE OR COUNTRY): Colorado

PARENTS
10. NAME OF FATHER: Henry Jeans
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Dont know
12. MAIDEN NAME OF MOTHER: Dont know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dont know

14. INFORMANT: Mrs. Margaret Prvick
(Address) 8986 Edna St. St. Louis Mo

15. FILED 3/15 1931 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 14, 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1931, to Feb. 14, 1931 that I last saw her alive on Feb. 14, 1931, and that death occurred, on the date stated above, at 3 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
82A 82N
82D (duration) yrs. mos. 5 ds.
CONTRIBUTORY (SECONDARY) Paralysis of Lt side of body
Coma (duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at home
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination
(Signed) J. J. Allevato, M. D
, 19 (Address) Winfield, 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: New Salem Cemetery
DATE OF BURIAL: Feb. 16 1931
20. UNDERTAKER: David L. Fabrick
ADDRESS: Winfield Mo.

WRITE PLAINLY, WITH UNFADING INK

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.