

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

Do not use this space.

10287
1680

1. PLACE OF DEATH

County Jackson Registration District No. 160A
 Township Kaw Primary Registration District No. _____
 City Kansas City (No. St. Marys' Hospital) St. _____ Ward _____

2. FULL NAME John L Lewis

(a) Residence No. 1423 Grand 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Unknown 1886</u>		
7. AGE	YEARS	MONTHS
	<u>77</u>	
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>Janitor</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Hoenschild Hardware</u>		
(c) Name of employer _____		

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 29 1931 19
 17. HEREBY CERTIFY, That I attended deceased from 3/25/31 19 to 3/29/31 19 that I last saw him alive on 3/29/31 19, and that death occurred, on the date stated above, at 3: A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
23A

CONTRIBUTORY (SECONDARY) Tuberculosis pneumonia (duration) 2 yrs. mos. ds.

(duration) _____ yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF no

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Chemical findings

(Signed) [Signature] M. D.

4/9/31 (Address) Bull Memorial Hospital

*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 DATE OF BURIAL

Maple Hill 4/10/31 19

20. UNDERTAKER ADDRESS

Quirk & Tobin--20 W Linwood

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT M. Hoenschild
 (Address) 1423 Grand

15. FILED 4/10 19 31 M. M. Crowe
 REGISTRAR

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

