

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

Do not use this space.

10373

**1. PLACE OF DEATH**

County Jefferson Registration District No. 411 File No. \_\_\_\_\_  
 Township Wentworth Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
 City Jefferson (No. 1404) Hell St St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Chas F 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IS MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pearl

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 7 - 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
47 7 29

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

9. BIRTHPLACE (CITY OR TOWN) Jefferson  
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Leonard Lewis

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

12. MAIDEN NAME OF MOTHER Elizabeth Ferguson

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

14. INFORMANT Mrs O Anderson  
 (Address) West 1st St

15. FILED 3/1, 1931 adman REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 5 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 5, 1931 to March 5, 1931 that I last saw him alive on Mar 5, 1931, and that death occurred, on the date stated above, at about 11 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Burns - 3rd degree covering entire body from burning house  
180 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 180 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? (5)

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
 (Signed) Leroy Simmons Corner M. D.  
 , 19 \_\_\_\_\_ (Address) Garrettsville 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 Forest Hill Cem DATE OF BURIAL 3-7-31

20. UNDERTAKER Wesley R. R. R. Co ADDRESS Jefferson 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.

APR 23 1931

