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

Do not use this space.

14814

File No.

Registered No. 41

**1. PLACE OF DEATH**

County Linn — Registration District No. 496

Township — Primary Registration District No. 3025

City Brookfield (No. 421 West Canal St. 4th Ward)

**2. FULL NAME** George Washington Lewis

(a) Residence, No. 421 West Canal St., 4th Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MAY 25 1931

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Married |

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Lida Jane Medlin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6, 1856

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 75 | 1 | 20 | |

**OCCUPATION**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer - Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation All his Life

12. BIRTHPLACE (CITY OR TOWN) Near Unionville
(STATE OR COUNTRY) Putnam Co. Missouri

**FATHER**

13. NAME Levi Lewis

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Kentucky

**MOTHER**

15. MAIDEN NAME Mary Day

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Tennessee

17. INFORMANT Albert L. Lewis
(ADDRESS) St. Catherine, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rose Hill Cemetery DATE Apr. 27, 1931

19. UNDERTAKER M. V. Rusk
(ADDRESS) Brookfield, Missouri

20. FILED 4-27, 1931 Bessie M. Fiore
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-26, 1931

22. I HEREBY CERTIFY, That I attended deceased from april 21, 1931, to april-25, 1931

I last saw him alive on april-25, 1931. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Prostate | Unknown |
| 51C | |

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Clinical Symptoms — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Hans Evans, M. D.

(Address) Brookfield Mo.

4-28-31

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

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.