

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

Do not use this space.

20481

1. PLACE OF DEATH

County Barton Registration District No. 42
Township _____ Primary Registration District No. 4026
City Munden (No. MTNES)

File No. _____
Registered No. 6
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Helen Lee Lewis Munden MTNES Mo. Ward _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 7 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? 7 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Child</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 20, 1923</u>					
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, <u>0</u> hrs. or <u>0</u> min.	
	<u>7</u>	<u>5</u>	<u>21</u>		
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <input checked="" type="checkbox"/>					
(b) General nature of industry, business, or establishment in which employed (or employer) <input checked="" type="checkbox"/>					
(c) Name of employer <input checked="" type="checkbox"/>					
9. BIRTHPLACE (CITY OR TOWN) <u>Munden</u> (STATE OR COUNTRY) <u>Missouri</u>					
10. NAME OF FATHER <u>Paul Lewis</u>					
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Munden</u> (STATE OR COUNTRY) <u>Mo.</u>					
12. MAIDEN NAME OF MOTHER <u>Opal Moore</u>					
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY)					

14. INFORMANT N. D. Lewis
(Address) Munden, Mo.

15. FILED 6/15, 1931. Geo. J. Geist REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 11 1931

17. I HEREBY CERTIFY, That I attended deceased from 5/21, 1931, to 6/11, 1931, that I last saw h. ex. alive on 6/9, 1931, and that death occurred, on the date stated above, at 2:55 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral & cerebellar abscess.
89A
18A (duration) 84 ds.

CONTRIBUTORY Middle Ear Infection (SECONDARY) (duration) 14 ds.

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF _____
WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS Clinical Findings, Sp. Cult.
(Signed) Howard E. Marchbanks, M. D.
6/12, 1931 (Address) Pittsburg, Kansas

*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 Highland Park DATE OF BURIAL June 13 1931

20. UNDERTAKER E. T. Smith ADDRESS Pittsburg, Mo.

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.

JUL 22 1931

Autopsy

