

**BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

20583

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township St. Joseph Mo. State Hospital # 7 Primary Registration District No. 1001
 City Rockport Mo. No. 7 St. _____ Ward _____
2. FULL NAME Auss. Spencer Lewis
 (a) Residence. No. Rockport Mo. Ward. Rockport Mo.
 (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) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown
6. DATE OF BIRTH (MONTH, DAY AND YEAR) unknown about 1845
7. AGE
 YEARS 86 MONTHS unknown DAYS _____
 If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Nelson Co. Ky.
 (STATE OR COUNTRY) _____
10. NAME OF FATHER John Lewis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Ky.
12. MAIDEN NAME OF MOTHER Mary Ann Spencer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Ky.

14. INFORMANT State Hospital Records
 (Address) St. Joseph Mo.
15. FILED 6-5 1931 John R. Bender
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 5 1931
17. I HEREBY CERTIFY, That I attended deceased from May 18, 1931, to June 5, 1931, that I last saw him alive on June 5, 1931, and that death occurred, on the date stated above, at 10:50 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pneumo
107A
162 (duration) yrs. mos. ds. age 107A
CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS Chemical symptoms
 (Signed) [Signature], M. D.
June 5, 1931 (Address) St. Joseph 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 Rockport, MO DATE OF BURIAL June 7 1931
20. UNDERTAKER Gatz Bartholomew ADDRESS Rockport 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.

JUN 22 1931

