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.

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

Do not use this space.

21729

1. PLACE OF DEATH
County Jackson — Registration District No. 392 — File No.
Township Kaw — Primary Registration District No. 100 — Registered No. 2864
City Kansas City Mo. (No. General Hosp # 2 St. Ward)

2. FULL NAME Lewis Gabriel Gabriel
(a) Residence, No. 2445 Euclid St., 4 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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. ~~Female~~
4. COLOR OR RACE ad
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ?
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE YEARS 63 MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cement mixer
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 —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

FATHER
13. NAME Stupe Lewis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

MOTHER
15. MAIDEN NAME Julia Hunter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

17. INFORMANT (ADDRESS) Rec. Clerk Gen'l Hosp # 2
18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland Cem. DATE June 29, 1931
19. UNDERTAKER (ADDRESS) West Appleton & Sons 1600 Pl 1919
20. FILED 6-30-1931 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-26, 1931
22. I HEREBY CERTIFY, That I attended deceased from 6-13, 1931, to 6-26, 1931
I last saw him alive on 6-26, 1931. Death is said to have occurred on the date stated above, at 4:28 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyonephritis	
133A	
69B	
133	

Other contributory causes of importance
Toxemia

Name of operation none Date of —
What test confirmed diagnosis? Clinical 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?
If so, specify
(Signed) D. M. Miller, M. D.
(Address) Gen'l Hosp # 2