

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

Do not use this space.

27888

1. PLACE OF DEATH

County Davies Registration District No. 255
 Township _____ Primary Registration District No. 4155
 City Winstan Mo (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 14

2. FULL NAME Charles B 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 48 yrs. 4 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR, OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Clara Lewis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 4 - 1883</u>		
7. AGE YEARS <u>48</u>	MONTHS <u>4</u>	DAYS <u>10</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Railway Engineer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>C. R. & P. R. R.</u>		
10. Date deceased last worked at this occupation (month and year) <u>Aug 1931</u>		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland Co Missouri</u>		
13. NAME <u>William Lewis</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland Co Missouri</u>		
15. MAIDEN NAME <u>Elizabeth Barker</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Keokuk Ky</u>		
17. INFORMANT (ADDRESS) <u>Clara Lewis</u> <u>Truxton, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maple Grove</u> DATE <u>Aug 18</u> , 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>Bern C. Dana 3216</u> <u>Truxton, Mo</u>		
20. FILED <u>Aug 17</u> , 19 <u>31</u> <u>Dr. Chagett</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14, 1931
 22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1931, to Aug 14, 1931
 I last saw him alive on Aug 14, 1931. Death is said to have occurred on the date stated above, at 5:40 p.m.
 The principal cause of death and related causes of importance were as follows:

acute dilatation heart
possible coronary disease
heart
(Died within 10 minutes
after being in
 Other contributory causes of importance:
5 B
14 B none 95 B

Name of operation none Date of _____
 What test confirmed diagnosis? Chuse 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) Fred W. Wilson, M. D.
 (Address) Winstan Mo

SEP 22 1931

