

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

Do not use this space.

31537-6

4513

**1. PLACE OF DEATH**

County Jackson Registration District No. ....  
Township Raw Primary Registration District No. ....  
City Kansas City (No. Gen. Hosp # 2) St. .... Ward)

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

(a) Residence, John Lewis St. 4 Ward. (If nonresident, give city or town and State)  
(Usual place of abode) 1908 Bevel  
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

|  |   |  |
|--|---|--|
| 3. SEX<br><u>Male</u>  | 4. COLOR OR RACE<br><u>Colored</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____ |   |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-14-1883</u>           |   |  |
| 7. AGE   | YEARS<br><u>48</u>  | MONTHS<br><u>2</u>   |
|  | DAYS<br><u>14</u>   | IF LESS than 1 day, hrs. or min.   |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Teamster</u> |  |
|  | 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) Mo

FATHER 13. NAME Dan Lewis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER 15. MAIDEN NAME Julia Carter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Record Clerk (ADDRESS) Gen. Hosp # 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE 11-11-1931

19. UNDERTAKER Julius W. Fischer (ADDRESS) 1212 Van S. St.

20. FILED 11/10/31 W. M. Crow Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-28-1931  
22. I HEREBY CERTIFY, That I attended deceased from 9-26-1931, to 9-28-1931  
I last saw him alive on 9-28-1931. Death is said to have occurred on the date stated above, at 4:50 PM.  
The principal cause of death and related causes of importance were as follows:

myocardial <sup>and</sup> insufficiency  
Heart block  
Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis lab & blood or 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. Hosp # 2

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.

