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

Do not use this space.

34401

File No. 1115

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 398

Township: Raw — Primary Registration District No.: 2 [illegible]

City: Kansas City (No. 3510 Wabash St. Ward)

2. FULL NAME: Mrs Harriette Emma Lewis

(a) Residence, No. 3510 Wabash St. 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: Female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widow

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Oscar Chas. Lewis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 4 1871

7. AGE: Years 60 — Months 7 — Days 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: mother

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): Utica Mo.

FATHER

13. NAME: Robt E. Boyd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): [illegible]

MOTHER

15. MAIDEN NAME: Mary Ann Faust

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn

17. INFORMANT (ADDRESS): Miss Maude A. Lewis, 3510 Wabash

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Mt Moriah — DATE: Oct 9, 1931

19. UNDERTAKER (ADDRESS): Eylar Funeral Home, 1800 Linwood

20. FILED: 10-9-1931 — M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 7, 1931 — Wed.

22. I HEREBY CERTIFY, That I attended deceased from Sep-1, 1931, to Oct 7, 1931

I last saw h.. alive on ....., 1931. Death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Bowel Pelvic
4 d
4 wks
4 yrs

48

Date of onset

Other contributory causes of importance: Insulation

Name of operation: [illegible] Date of

What test confirmed diagnosis? Was there an autopsy?

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) B. L. Long, M. D.

(Address) 636 Burg Building

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.

WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD