CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 24 1931

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

Do not use this space.

34764

1. PLACE OF DEATH
County Jasper — Registration District No. 411 — File No. 32S
Township Avalena — Primary Registration District No. 2092 — Registered No.
City Joplin (No. W. 7th St. Ward)

2. FULL NAME Ed Lewandowski

(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 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1913

7. AGE About 18 YEARS — 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. No Record
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) No Record

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

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

17. INFORMANT (ADDRESS) Undertaker Co

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chicago Ill DATE 10/15 31

19. UNDERTAKER (ADDRESS) Hurlent Mud Co Joplin Mo

20. FILED 10/12 1931 A. Benson Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 31, to Oct 10, 1931
I last saw him alive on Oct 10, 1931. Death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:

Fracture of skull — Date of onset Oct 10/31

210

Other contributory causes of importance:

210

Name of operation none — Date of
What test confirmed diagnosis? Inquest — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident — Date of injury Oct 10, 1931
Where did injury occur? Hgy 66 - W. of Joplin (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Struck by auto-truck
Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Larry Simmons, M. D.
(Address) Corner, Jasper Co.