

WRITE PLAINLY. INK UNFADING INK---THIS IS A PERMANENT RECORD

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

File No. **37276**
Registered No.
St. Ward)

1. PLACE OF DEATH
County De Kalb Registration District No. 260
Township Wagon Wheel Primary Registration District No. 5363
City Cameron No. St. Ward)

2. FULL NAME Margaret Elizabeth Lewis
(a) Residence. No. St. Ward. (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 Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (writ the word) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 16, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 6 29

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Jacob Bradford

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

12. MAIDEN NAME OF MOTHER Elizabeth Burgess

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

14. INFORMANT Walter Lewis (Address) Cameron, Mo.

15. FILED 11-17-31 Winifred W. Moser REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 15 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov 10 1931, to Nov 15 1931 that I last saw h. alive on Nov 7 40 1931 and that death occurred, on the date stated above, at 7 40 P m. .

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
688 uppos 7
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 92 W
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? NO DATE OF
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) J. A. Franklin M. D.
(Address) Cameron Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Wausley Cemetery DATE OF BURIAL 11/17 1931

20. UNDERTAKER J. W. Poland ADDRESS Cameron.

NOV 21 1931

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.

