

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

Do not use this space.

2733

1. PLACE OF DEATH  
 39 County Greene Registration District No. 318  
 3 Township \_\_\_\_\_ Primary Registration District No. 2001  
 5 City Springfield (No. 521 E. Pacific) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Louisa M. Lewis  
 (a) Residence, No. 521 E. Pacific St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. S. Lewis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 10, 1850</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>9</u>
	DAYS <u>23</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>mother</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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dade County Missouri</u>	
	13. NAME <u>James Kirk</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Elizabeth Brooks</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Mrs. Gertrude L. Marr</u> (ADDRESS) <u>521 E. Pacific</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maple Park</u> DATE <u>Jan. 5, 1932</u>		
19. UNDERTAKER <u>J. C. Hines</u> (ADDRESS) <u>1100 Willow Springfield, Mo.</u>		
20. FILED <u>1-4</u> 19 <u>32</u> <u>Fort Sharp</u> Registrar.		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3, 1932

22. I HEREBY CERTIFY That I attended deceased from 11-12-31, 1931, to 1-3-32, 1932  
 I last saw him alive on 1-2-32, 1932 Death is said to have occurred on the date stated above, at 8:15 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Hypertension  
93C  
97  
93C  
 Other contributory causes of importance  
Arterio-sclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accidents, 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 \_\_\_\_\_ ①

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify None  
 (Signed) Henry J. Knapp, M. D.  
 (Address) 450 1/2 E. Canal

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.

JAN 24 1932

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