

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

Do not use this space.

2032

1. PLACE OF DEATH
 County Phelps Registration District No. 676
 Township Dauphin Primary Registration District No. 5915
 City (No. _____) St. _____ Ward _____

2. FULL NAME Agro E Lewis
 (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 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-6-1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>81</u>	<u>8</u>	<u>12</u>		

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

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) 6-1-1931 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawford Co Mo

MOTHER FATHER

13. NAME Geo Lewis

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

15. MAIDEN NAME Pauline Pearl Bailey

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

17. INFORMANT Permelia Lewis (ADDRESS) St James Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Males & son DATE 1-20-32

19. UNDERTAKER W. H. Kehlner (ADDRESS) St James Mo

20. FILED Jan. 20, 1932 Henry H. Walters Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-18-32

22. I HEREBY CERTIFY, That I attended deceased from June 1931 to Jan 18, 1932
 I last saw him alive on Jan 18, 1932 Death is said to have occurred on the date stated above, at 11:30 P.m.
 The principal cause of death and related causes of importance were as follows:
Aortic stenosis Date of onset 1928

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there 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? No
 If so, specify _____
 (Signed) William H. Brewer, M. D.
 (Address) St James, Mo

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.

