

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
Township Tow  
City Laura, Cal. Mo.

Registration District No. 399  
Primary Registration District No. 1002  
No. 1316 McGee St

File No. 4954  
Registered No. 817  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 1316 McGee St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 30 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>H. H. Arthur</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 22 - 1858</u>				
7. AGE	YEARS <u>74</u>	MONTHS <u>1</u>	DAYS <u>3</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>Hotel Prop.</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) <u>Jan. 1, 1932</u>			
11. Total time (years) spent in this occupation <u>13</u>				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Paris, Missouri</u>				
FATHER	13. NAME <u>Samuel N. Lewis</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> <u>31</u>			
MOTHER	15. MAIDEN NAME <u>Mary A. Oliver</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
17. INFORMANT (ADDRESS) <u>Lewis J. Arthur, 1316 McGee St. Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>mt wash</u> DATE <u>Feb 27, 1932</u>				
19. UNDERTAKER (ADDRESS) <u>Oh + Mitchell, Indep. Mo.</u>				
20. FILED <u>2/28</u> 19 <u>32</u> <u>M. M. Brown</u> <u>Dist. Registrar.</u>				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1932, to Feb. 25, 1932.  
I last saw her alive on Feb. 24, 1932. Death is said to have occurred on the date stated above, at 9:10 a.m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Atrophy  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
\$15 \$70 1

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Regular 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?  
If so, specify \_\_\_\_\_  
(Signed) C. P. Lentz, M. D.  
(Address) 1320 Grand Ave.

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.

