

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City (No. Research Hospital)

Registration District No. 399
Primary Registration District No. 1082

4999
File No. 863
Registered No. 863
St. _____ Ward _____

2. FULL NAME

Marie Lewis

(a) Residence, No. 815 West 35th Street, 5 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. s.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 23, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
57 2 4

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Missouri

FATHER
13. NAME Noah Lewis

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

MOTHER
15. MAIDEN NAME Sarah Neif

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

17. INFORMANT C. L. Fox
(ADDRESS) 815 West 35th Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE W. Washington DATE 2-29, 1932

19. UNDERTAKER Stue & McClure
(ADDRESS) 3235 Gillham Plaza

20. FILED 3-1-1932 M. M. Crowe
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27, 1932

22. I, HEREBY CERTIFY, That I attended deceased from Marie Lewis, 1932 to Feb 27, 1932
I last saw her alive on Feb 27, 1932 Death is said

to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Atrophy with arteriosclerosis
99
182
875
Other contributory causes of importance:
Hypertension
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) O. J. Pruitt, M. D.
(Address) 1019 S. 15th St.

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.

V. 5, NO. 2.

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