

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

Do not use this space.

8877

**1. PLACE OF DEATH**

49

County Jasper  
Township Union  
City Carthage (No. ....)

Registration District No. 408  
Primary Registration District No. 5563

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Jacob Lewis  
(a) Residence, No. Carthage St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 88 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 14, 1843</u>		
7. AGE YEARS <u>88</u>	MONTHS <u>3</u>	DAYS <u>8</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>Farmer</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.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper County, Missouri

MOTHER FATHER 13. NAME Hidder Lewis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union, Germany

MOTHER 15. MAIDEN NAME Markson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper County, Missouri

17. INFORMANT (ADDRESS) Mrs Rhoda Earnshaw, Carthage, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Dickman Cem DATE Mar. 23, 1932

19. UNDERTAKER (ADDRESS) Knell Mortuary, Carthage, Missouri

20. FILED Mar. 22, 1932 C. H. Tetokan Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22, 1932

22. I HEREBY CERTIFY That I attended deceased from Jan 1, 1932 to March 22, 1932  
I last saw him alive on Jan 5, 1932 Death is said to have occurred on the date stated above, at 1:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia  
Influenza  
Senility  
Other contributory causes of importance: None

Name of operation None Date of None  
What test confirmed diagnosis? ..... 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 None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify None

(Signed) C. H. Tetokan M. D.  
(Address) Carthage, 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.

APR 27 1932

