

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

Do not use this space.

15662
20.

1. PLACE OF DEATH

24 County Registration District No. 313
 3 Township Mo. State Primary Registration District No. 30.4
 3 City Prison Hospital (No. St. Ward)

File No.
 Registered No.

2. FULL NAME Len 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 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 15, 1875

7. AGE YEARS 56 MONTHS 5 DAYS 8 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
 (STATE OR COUNTRY) 31

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
 (STATE OR COUNTRY) 4p

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
 (STATE OR COUNTRY) p.

14. INFORMANT Ms Carson Records
 (Address) J. C. m.

15. FILED 6/1/32 M. Bedford
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 23, 1932

17. I HEREBY CERTIFY. That I attended deceased from June 15, 1931 to May 23, 1932 that I last saw h. im. alive on May 23, 1932, and that death occurred, on the date stated above, at 1:45 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes Mellitus

59 (duration) 1 yrs. 6 mos. ds.
 CONTRIBUTORY (SECONDARY) 59 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED ①
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH... no. DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Dr. H. Hancock M. D.
 (Signed).....

5-23-1932 (Address) Mo. State Prison Hosp

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Wirkswill Mo DATE OF BURIAL 5/25 1932

20. UNDERTAKER Thorpe Gordon ADDRESS Heff City

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.

JUN 21 1932

