

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

Do not use this space.

15990

1. PLACE OF DEATH

47 County Iron
Township Union
City Sebula (No. _____)

Registration District No. 390
Primary Registration District No. 5545

File No. _____
Registered No. 9
St. _____ Ward _____

2. FULL NAME

Andrew Hampfull 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Cliza Lewis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 27 - 1864</u>		
7. AGE	YEARS	MONTHS
	<u>77</u>	<u>5</u>
		<u>12</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. <u>Retired</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iron County Missouri 1</u>	
	13. NAME <u>John Lewis</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Town 2</u>	
	15. MAIDEN NAME <u>Amelie Dur</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iron County Missouri 1</u>	
17. INFORMANT <u>Cliza Lewis</u> (ADDRESS) <u>Sebula Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sebula</u> DATE <u>May 10 1932</u>		
19. UNDERTAKER <u>White & Sons</u> (ADDRESS) <u>Sebula Missouri</u>		
20. FILED <u>June 10 1932</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

I HEREBY CERTIFY, That I attended deceased from Apr 13 1932 to May 9 1932
I last saw him alive on May 7 1932 Death is said to have occurred on the date stated above, at 1:00 p.m.
The principal cause of death and related causes of importance were as follows:
Pneumonia 23 4/13/32
Pulmonary Tuberculosis ?
Other contributory causes of importance:
23
Name of operation _____ Date of _____
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 _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) G. C. Gibson _____ M. D.
(Address) Ironton, 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.

MIN 22 1932

