

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

Do not use this space.

25885

1. PLACE OF DEATH

County Franklin

Registration District No. 297

Township Washington

Primary Registration District No. 120

City Washington (No.)

St. Ward

2. FULL NAME

(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. 2 mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 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) 6-15-32

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) Washington

13. NAME Gilbert G. Lewis

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

15. MAIDEN NAME Lena M. Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co

17. INFORMANT (ADDRESS) Mrs. John Wilson

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Cem DATE Aug 11 1932

19. UNDERTAKER (ADDRESS) Mr. Casey Co

20. FILED Aug 11 1932 C. E. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 7 1932 to Aug 9 1932

I last saw her alive on Aug. 8 1932 Death is said to have occurred on the date stated above, at 10 P.M.

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

Transition

Date of onset 6-15-32

Other contributory causes of importance: 2. Discolitis

8-7-32

Name of operation Date of

What test confirmed diagnosis? clinical 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) M. D. (Address) Washington Mo.

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.

WRITE CLEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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