

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

Do not use this space.

**30069**

**1. PLACE OF DEATH**

82 County Pike  
5 Township Buffalo  
4 City Louisiana (No. Pike Co Hosp)

Registration District No. 689  
Primary Registration District No. 3033

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Eugene S. Lewallen

(a) Residence, No. Bowling Green Mo. 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. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. E. S. Lewallen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May - 4 - 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
84 4 19

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

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) Ashley mo 1

FATHER 13. NAME Owen Lewallen

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Ky 2

MOTHER 15. MAIDEN NAME Margaret Pritchett

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Ky

17. INFORMANT John Lewallen (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Pike Co Mo DATE 9-24 1932

19. UNDERTAKER Grace B. Ashhead (ADDRESS) Bowling Green, Mo.

20. FILED 9-24 1932 J. C. Hays Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1928, to Sept 23, 1932

I last saw him alive on Sept 22, 1932 Death is said to have occurred on the date stated above, at 4 a. m.

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

Carcinoma of Prostate  
51C  
135B  
132B  
51C

Date of onset 1931

Other contributory causes of importance:  
Uremia  
Infection of blood

2/21/32  
613515

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. M. W. Hays M. D.

(Address) Bowling Green 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.

NOV 28 1932

