

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

Do not use this space.

32816

1. PLACE OF DEATH

County Lincoln Registration District No. 496
Township Brookfield Township Primary Registration District No. 3025
City Brookfield (No. 308 Street Clark)

File No. _____
Registered No. 92 Ward 4
St. _____

2. FULL NAME Francis Adell Lewis

(a) Residence, No. _____ St. _____ 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 <u>Female</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 <u>None</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>October 7, 1932</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>—</u>	<u>—</u>	<u>4</u>	
OCCUPATION	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)			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		<u>Brookfield, Mo.</u>		
FATHER	13. NAME <u>Paul Prewitt</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u> 31			
MOTHER	15. MAIDEN NAME <u>E. Elizabeth Lewis</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lincoln Mo.</u>			
17. INFORMANT (ADDRESS) <u>E. Elizabeth Lewis</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Linhart Hospital</u> DATE <u>10/12/</u> 19 <u>32</u>				
19. UNDERTAKER (ADDRESS) <u>M. J. Quisk</u>				
20. FILED <u>10-11</u> 19 <u>32</u> <u>G. E. Jenkins</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 1932 to Oct 10 1932
I last saw her alive on Oct 10 1932 Death is said to have occurred on the date stated above, at 6:30 m. PM
The principal cause of death and related causes of importance were as follows:
Injury from Confusion
during the birth
anulding the brain
1608
Other contributory causes of importance:
1608
1608
1608
1608

Name of operation none Date of _____
What test confirmed diagnosis? blinded Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? yes Date of injury 10-7-32
Where did injury occur? during delivery
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. at birth

Manner of injury during delivery
Nature of injury head injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) R. E. Waters, M. D.
(Address) Brookfield 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.

NOV 25 1932

