

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

Do not use this space.

34424

1. PLACE OF DEATH

100 County Scott Registration District No. 813
Township Sandywood Primary Registration District No. 6064
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 9

2. FULL NAME

Inez Marie 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 female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 7-1932
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 3 10

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) Scott MO
(STATE OR COUNTRY)

10. NAME OF FATHER E. H. Lewis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pittman Ark
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Inez Fox
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Peruville Mo
(STATE OR COUNTRY)

14. INFORMANT E. H. Lewis
(Address) Blodgett Mo

15. FILED 10-18-32 1932 E. H. Lewis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-17 1932
17. 11 HEREBY CERTIFY, That I attended deceased from Oct 10 1932 to Oct 17 1932
that I last saw her alive on Oct 17 1932, and that death occurred, on the date stated above, at 6:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gastro Enteritis
(duration) yrs. mos. ds. 7

18. WHERE WAS DISEASE CONTRACTED (D)
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH _____ DATE OF _____

19. WHAT TEST CONFIRMED DIAGNOSIS
(Signed) E. H. Lewis M. D.
(Address) Blodgett Mo

*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 Blodgett Cemetery DATE OF BURIAL 10/18 1931

20. UNDERTAKER Blodgett ADDRESS Blodgett 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.

JAN 5 1933

RECORD WITH CHANGING INVA—THIS IS A PERMANENT RECORD

