

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

Do not use this space.

34790

1. PLACE OF DEATH

County Buchanan
Township.....
City St. Joseph

Registration District No.....
Primary Registration District No. 1001
(No. 6007 King Hill Ave.)

File No.....
Registered No. 1055
St..... Ward)

2. FULL NAME

John R. Lewis
(a) Residence, No. 6007 King Hill Ave. St..... Ward.....
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 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>Mary Louise Lewis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 3, 1860</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>0</u>
	DAYS <u>29</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>Foreman, Packing Co.</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Swift & Co.</u>
	10. Date deceased last worked at this occupation (month and year) <u>1925</u>
	11. Total time (years) spent in this occupation <u>28</u>

12. BIRTHPLACE (CITY OR TOWN) Booneville, Mo.
(STATE OR COUNTRY)

13. NAME Dr. John R. Lewis

14. BIRTHPLACE (CITY OR TOWN) Charlottesville, Va.
(STATE OR COUNTRY)

15. MAIDEN NAME Taxana Johnson

16. BIRTHPLACE (CITY OR TOWN) Charlottesville, Va.
(STATE OR COUNTRY)

17. INFORMANT Mrs Mary Louise Lewis
(ADDRESS) 6007 King Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cem. DATE Nov. 3, 1932.

19. UNDERTAKER Walter Morschler
(ADDRESS) 1302 Faraon St. St. Joseph, Mo.

20. FILED 11-2-32 19 John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 2, 1932 19

22. I HEREBY CERTIFY That I attended deceased from July 10 - 30 to Nov 2 - 1932
I last saw him alive on Nov 2, 1932 Death is said to have occurred on the date stated above, at 6.05 A.M.

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

Carcinoma of prostate with metastasis to suprapubic glands & elsewhere 5/10 4.6G
Other contributory causes of importance: none 5/10 573 E

Name of operation Biopsy of prostate Date July 30
What test confirmed diagnosis microscopic 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 John J. Luckner M. D.
(Signed) John J. Luckner
(Address) 224 Illinois Ave. St. Joseph, 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.

1933

