

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

Do not use this space.

34834

PLACE OF DEATH

County Buchanan Registration District No. 55  
Township \_\_\_\_\_ Primary Registration District No. 1001  
City St. Joseph (No. Missouri Methodist Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 1199

2. FULL NAME George B. Lewelling

(a) Residence, No. R F D #7 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 Male 4. COLOR OR RACE White 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) December 19, 1886

7. AGE YEARS' MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
45 10 25

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

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) St. Joseph (STATE OR COUNTRY) Missouri

13. NAME Levi B Lewelling

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

15. MAIDEN NAME Annie Marlow

16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) unknown

17. INFORMANT Miss Mable Lewelling (ADDRESS) R F D #7 St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL King Hill Cemetery PLACE St. Joseph Mo. DATE Nov. 17 1932

19. UNDERTAKER H. W. Sidenfaden (ADDRESS) 1802 Union st St Joseph Mo.

20. FILED NOV 17 1932 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 14 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1932 to Nov 14 1932

I last saw him alive on Nov 14 1932 Death is said

to have occurred on the date stated above, at 10:15A. M.

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

Carcinoma of Liver  
Chronic Hepatitis  
Prim. Melanoma of  
skin with multiple  
metastasis to liver

Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ✓ Date of injury ✓ 1932

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) C. S. Trauson M. D.

(Address) 212 Westpalmer

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.

JAN

1932

