

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

Do not use this space.

36931

**1. PLACE OF DEATH**

96 County St. Louis Registration District No. 785  
Township Bonhomme Primary Registration District No. 6031  
City Northwood (No. 366 So Northwood Rd.)

File No. \_\_\_\_\_  
Registered No. 218  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Alexander Bruce Lewis  
(a) Residence, No. 366 So Northwood Rd., \_\_\_\_\_ Ward. (If nonresident, give city or town and State)  
(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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>N</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 Susan Lewis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 31 1862</u>		
7. AGE - YEARS <u>70</u>	MONTHS <u>2</u>	DAYS <u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Contractor</u>		11. Total time (years) spent in this occupation
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>Mo</u> <u>1</u>		
13. NAME <u>Monroe Lewis</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
15. MAIDEN NAME <u>Clara Byrd</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT (ADDRESS) <u>Carl Lewis</u> <u>366 So Northwood Rd.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Hill</u> DATE <u>11-19-32</u>		
19. UNDERTAKER (ADDRESS) <u>LOUIS B. ZOPP</u> <u>Northwood Mo.</u>		
20. FILED <u>11/20</u> 19 <u>32</u> <u>C. E. Barnett</u> Registrar.		

**2 MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from 11/18, 1932, to 11/19, 1932.  
I last saw him alive on 11/19, 1932. Death is said to have occurred on the date stated above, at 7:15 a. m.  
The principal cause of death and related causes of importance were as follows:  
Acute dilatation of Heart  
Bronchopneumonia left  
107A  
9573  
107A  
Other contributory causes of importance \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Examination 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? no  
If so, specify \_\_\_\_\_  
(Signed) [Signature], M. D.  
(Address) Northwood, 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.

JAN 5 1933

