

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

Do not use this space.

38489

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph (No. 1406 Ridenbaugh St.) _____ St. _____ Ward _____

2. FULL NAME

Celia C. Lewis
(a) Residence, No. 1406 Ridenbaugh St., _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 35 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>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W.W. Lewis</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 27, 1853</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>79</u>	<u>1</u>	<u>12</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>
	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) (STATE OR COUNTRY) Unknown Ill

FATHER 13. NAME John P. Hamilton

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ind.

MOTHER 15. MAIDEN NAME Martha Black

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Martha E. Owens
(ADDRESS) 1406 Ridenbaugh St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mora Cemetery DATE Dec. 10, 1932

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

20. FILED 12-10-32 John R. Bender
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 9, 1932, 1932
22. I HEREBY CERTIFY, That I attended deceased from Dec 5th 1932 to Dec 9th 1932
I last saw her alive on Dec 5, 1932 Death is said to have occurred on the date stated above, at 7.30 A.M.
The principal cause of death and related causes of importance were as follows:

Lobar pneumonia
10th 1932
1932 / 10th
Other contributory causes of importance:
Chronic nephritis
Chronic myocarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical 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 _____, 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) W. Thompson M. D.
(Address) 823 Charles St. 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.

JAN 21 1933

MARGIN RESERVED FOR BINDING

V. S. NO. 2

Stamp