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.

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

Do not use this space.

1. PLACE OF DEATH
County Howard, Registration District No. 378 File No. 39451
Township Primary Registration District No. 4222 Registered No. 89
City Fayette, (No. , St. Ward)

2. FULL NAME Henry 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 Male.
4. COLOR OR RACE Black
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rachel Lewis.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE 78 YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

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) (STATE OR COUNTRY) Missouri. 1

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 21
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT Minnie Truitt.
(Address) Fayette, Mo.

15. FILED , 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/29/32 19

17. I HEREBY CERTIFY, That I attended deceased from 12/9/32, 19, to 12/29/32, 19 that I last saw h. alive on 12/28/32, 19, and that death occurred, on the date stated above, at 11:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy
82A
93D (duration) yrs. mos. 20 ds.

CONTRIBUTORY (SECONDARY) Myocardial Insuff.
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 93D
IF NOT AT PLACE OF DEATH
0 DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H R Boffman, M. D.
, 19 (Address) 113½ Main St.

*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 City Cemetary DATE OF BURIAL 12/31/32 19

20. UNDERTAKER Guy T. Halley. ADDRESS Fayette, Mo.