

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

Do not use this space.

40110

**1. PLACE OF DEATH**

County Jackson  
Township Jean  
City J. C. Mo

Registration District No. 389  
Primary Registration District No. 1000  
(No. St Joseph Hosp)

File No. 5118  
Registered No. 5118  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

John A. Lewis

(a) Residence No. 4304 1/2 E. 15th St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18 - 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
41      11      13

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237

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) Mo.

13. NAME J. A. Lewis

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

15. MAIDEN NAME Nellie Stevens

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

17. INFORMANT (ADDRESS) May Lewis

18. BURIAL, CREMATION, OR REMOVAL PLACE Edenwood DATE Jan 3 1932

19. UNDERTAKER (ADDRESS) Rose Henderson  
4304 1/2 E. 15th

20. FILED 1/31 1932 M. Crowe Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-16, 1932, to 12-31, 1932

I last saw him alive on 12-30, 1932. Death is said

to have occurred on the date stated above, at 12:35 m.

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

uremia due to nephritis Date of onset 137A

135C 3 2  
137B 3 2

Other contributory causes of importance:  
acute retention of urine

Name of operation Suprapubic Lap Date of 12-18-32  
What test confirmed diagnosis? oper Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury no, 19   

Where did injury occur? none  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
none

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed) John C. McHale, M. D.  
(Address) 5400 Indep Ave.

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.

Dr Thomas McTale  
10 3 4000 - (1724 1000 - 4)

1702  
1918

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