

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

Do not use this space.

40402

1. PLACE OF DEATH

4 County Lafayette
Township
4 City Lexington (No.)

Registration District No. 461
Primary Registration District No. 3034

File No. 126
Registered No.
St. Ward)

2. FULL NAME

(a) Residence. No. Isaac Lewis St. Ward.
(Usual place of abode) East Main St (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 Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 52.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Coal Miner
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lexington (STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Isaac Lewis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lexington (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Georgia Ann Dana
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lexington (STATE OR COUNTRY) Mo.

14. INFORMANT Mrs. Cora Lewis (Address) Myrick Rd. Lexington, Mo.

15. FILED Dec 29 19 29 G. W. Friedendall REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-21 19 32

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1932 to Dec 20 1932 that I last saw him alive on Dec 20, 1932, and that death occurred, on the date stated above, at 5:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

13 1932
Pub. Tuberculosis
1932
CONTRIBUTORY (SECONDARY) Typhoid
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH (1)

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) James E. Polite M. D.

(Address) 120 N. 12th St. Lexington

*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 Oak Grove Cemetery DATE OF BURIAL Dec 30th 1932

20. UNDERTAKER Johnson Funeral Home ADDRESS Lexington, Mo.

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.

