

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

Do not use this space.

13824

File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Linn
Township Jackson
City _____ (No. _____)

Registration District No. 1084
Primary Registration District No. 5662

2. FULL NAME

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. 13 How long in U. S., if of foreign birth? yrs. mos. da. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 23-1923

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work farmer - son
(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) Linn County Missouri

10. NAME OF FATHER

C. D. Lewis

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Linn Co Missouri

12. MAIDEN NAME OF MOTHER

Ethel S. Wood

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Linn Co Missouri

14.

INFORMANT C. D. Lewis
(Address) Chula Mo R-2

15.

FILED 4/10 1933 J. M. Canada
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 5 1933

17. I HEREBY CERTIFY, That I attended deceased from April 3, 1933, to April 5, 1933, that I last saw ~~him~~ her alive on April 5, 1933, and that death occurred, on the date stated above, at 10:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) W. H. Messinger, M. D.

, 19 _____ (Address) Whiting Mo

*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

DATE OF BURIAL

Mount Olivet Cem Apr 7, 1933

20. UNDERTAKER

ADDRESS

Frank L. Smiley Whiting 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.

NON-FADING INK---THIS IS A PERMANENT RECORD

APR 22 1933

