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

Do not use this space.

16097

File No. 2 a

Registered No. 18

1. PLACE OF DEATH

County Cooper

Township Kelly

City Bunceton, Mo (No. ..... St. ..... Ward)

Registration District No. 219

Primary Registration District No. 4132

2. FULL NAME Margaret Edna 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 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 9, 1866

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
66	11	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Moniteau County
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER William Weslie King

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Celia Davis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

14. INFORMANT Mildred Floyd
(Address) Bunceton, Mo

15. FILED 6/9, 1933 Hattie Payton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 31 1933

17. I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1932, to May 31, 1933, that I last saw her alive on May 31, 1933, and that death occurred, on the date stated above, at 11 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Epithelioma of face

52

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) General Weakness

(duration) yrs. 1 mos. ds.

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? ✓

(Signed) [signature], M. D.

, 19 (Address) Bunceton, 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
Pisgah ~~Bunceton~~, Mo	June 2 193
20. UNDERTAKER	**ADDRESS**
L. G. Parker	Bunceton, 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.

JUN 22 1933

WITH UNFADING INK---THIS IS A PERMANENT RECORD