

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 23 1933

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

Do not use this space.

17111

1. PLACE OF DEATH

61 County Macon
Township Valley
City Callao (No. _____)

Registration District No. 528
Primary Registration District No. 5722A

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

2. FULL NAME Lewis Lawmiller

(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 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) 1-10-1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 4 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
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) unknown
OHIO

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs Opal Busch
(ADDRESS) Atlanta Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE mt Zion DATE May 26 1933

19. UNDERTAKER J. A. Perry & Son
(ADDRESS) _____

20. FILED May 26 1933 W. H. Hatcher MD
Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23 1933

22. I HEREBY CERTIFY, That I attended deceased from 12:20 P.M., 1933 to May 23, 1933
I last saw him alive on May 23, 1933. Death is said to have occurred on the date stated above, at 11:0 m.

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

Chron. Nephritis
and Lobar Pneumonia
108
Other contributory causes of importance arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Stige Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____
(Signed) W. H. Hatcher, M. D.
(Address) Callao Mo.

