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

Do not use this space.

20564

File No. ____
Registered No. 74

1. PLACE OF DEATH
County: Nodaway
Township: Polk
City: Maryville Mo (No. ____, ____ St. ____ Ward)

Registration District No. 6251
Primary Registration District No. 2031

2. FULL NAME: Robert Fillmore 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 ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

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PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7-25-1857

7. AGE: Years 75 | Months 10 | Days 21 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: painter
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): La Plata Mo

FATHER
13. NAME: Richard Lewis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Emily Pitts Burdin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): Helen Kissinger Maryville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Barnard Mo DATE: 6-18, 1933

19. UNDERTAKER (ADDRESS): Campbell Funeral Home Maryville Mo

20. FILED: 6-17, 1933 Mamie E. Clardy, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-16, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1933 to June 16, 1933
I last saw him alive on June 16, 1933. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1867	
1933 Cerebral Hemorrhage	
& Following	

Other contributory causes of importance: Fall on Back of head - Sticking Sidewalk ~~[illegible]~~ ~~[illegible]~~ Pt. probably fainted to cause fall

Name of operation: ____ Date of: ____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6-16, 1933
Where did injury occur? At Barnard Mo
(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: Contusion of Left Temporal Occipital

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify: ____
(Signed) W. R. Jackson, M. D.
(Address) Maryville, 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.

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