

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

Do not use this space.

22693

1. PLACE OF DEATH

28

County Crawford
Township Bedston
City Cuba Mo. (No. _____)

Registration District No. 230
Primary Registration District No. 5312

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

2. FULL NAME

Lawrence Harrison 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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25th 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 12 hrs. or min. _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant.

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) Cuba Mo.

13. NAME Dud Lewis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cuba Mo.

15. MAIDEN NAME Ledie Reeves

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cuba Mo.

17. INFORMANT (ADDRESS) Dud Lewis

18. BURIAL, CREMATION OR REMOVAL PLACE Cuba Mo. DATE 7/26/33

19. UNDERTAKER (ADDRESS) J. O. Haddock

20. FILED Aug 12 1933 G. G. A. [Signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/25, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/25, 1933 to 7/26, 1933

I last saw h. alive on 7/25/1933 Death is said to have occurred on the date stated above, 4:00 a.m. 1933

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

Difficult & birth with head injury

Other contributory causes of importance: _____

166 B 16000

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

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? _____

If so, specify Head Injury

(Signed) [Signature], M. D. (Address) _____

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.

AUG 22 1933

