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

Do not use this space.

File No. 22996
Registered No. 8

1. PLACE OF DEATH
47 County Iron
Township Union
City ..... (No. ..... St. ..... Ward)
Registration District No. 390
Primary Registration District No. 5545

2. FULL NAME William T. 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: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Belle Keathley

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar 5 1861

7. AGE: YEARS 72 | MONTHS 4 | DAYS 5 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Farm
(c) Name of employer: self

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Annapolis Missouri

PARENTS
10. NAME OF FATHER: Benjamin Lewis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): not Known

14. INFORMANT: Henry Lewis
(Address) Annapolis, Mo

15. FILED 7-18, 1933 B. C. Gunter REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 10 1933

17. I HEREBY CERTIFY, That I attended deceased from June 9, 1927 to July 10, 1933 that I last saw him alive on June 10, 1933, and that death occurred, on the date stated above, at 8 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fibrosis of Lungs.

114 (duration) 10 yrs. 4 mos. 4 ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) J. C. Anson, M. D.
7/10, 1933 (Address) Trouton, 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: Annapolis Cemetery
DATE OF BURIAL: 7-11-1933

20. UNDERTAKER: S. A. Copeland
ADDRESS: Annapolis Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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 2 0 1933