

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

Do not use this space.

23044

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence (No. 1525 Arlington)

Registration District No. 298
Primary Registration District No. 6254

File No. _____
Registered No. 1933
St. _____ Ward _____

2. FULL NAME Charles Anderson Lewis

(a) Residence, No. 1525 Arlington St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Lillie Bella Lewis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6 - 1860

7. AGE YEARS 73 MONTHS 2 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 17 years

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) Geneseo Illinois

FATHER 13. NAME John Lewis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

MOTHER 15. MAIDEN NAME Mary Cozad

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

17. INFORMANT (ADDRESS) Claude Lewis 1525 Arlington

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Washington DATE July 3 1933

19. UNDERTAKER (ADDRESS) Carroll Funeral Home Independence 220

20. FILED July 6 1933 F. L. Cook Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1 1933

22. I HEREBY CERTIFY That I attended deceased from 6/1 1933, to 7/1 1933

I last saw him alive on 6/29 1933. Death is said to have occurred on the date stated above, at 6:13 P.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma Stomach
46
935
97
Other contributory causes of importance: 44
Myocarditis-Ateriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Chest X-ray 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 _____, 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? _____
If so, specify _____
(Signed) Stewart Fulton, M. D.
(Address) 10307 Dupuy ave KCMO

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

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 26 1933

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