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.

JAN 3 1934

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

Do not use this space.

35779

85

1. PLACE OF DEATH
County Buchanan — Registration District No. 1001 — File No.
Township — Primary Registration District No. — Registered No. 1152
City St Joseph (No. 518 So 17th St. Ward)

2. FULL NAME Kate Lewis
(a) Residence, No. 518 So 17th St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown about 1878
7. AGE: 55 YEARS — MONTHS: Unk — DAYS: Unk — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
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): Ky Ky.

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): Mr Lyric Hoyt 512 So 16th
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ashland Cem DATE: Nov 28 1933
19. UNDERTAKER (ADDRESS): Ramsey's Mortuary 9th & Olive
20. FILED: NOV 28 1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from 16 Nov, 1933 to 21 Nov, 1933
I last saw her alive on 21 Nov 1933 Death is said to have occurred on the date stated above, at 1140 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	21 Nov
94A	
124B	
93C	

Other contributory causes of importance: Fatty Degeneration of Heart & Liver — Jan 33

Name of operation: None — 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? None — Date of injury ....., 19....
Where did injury occur? No (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury: None
Nature of injury: None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify: No
(Signed) Ed Sharon, M. D.
(Address) St Joseph Mo.