

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.

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

Do not use this space.

36558

1. PLACE OF DEATH

County Jackson
Township Riv
City Keosauqua (No. St Joseph Hospital)

Registration District No. 299
Primary Registration District No. 1902

File No. 4479
Registered No. 4479
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Clinton Mo 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. 5 1/2 How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L D Hudson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-8-1884

7. AGE YEARS 49 MONTHS 10 DAYS 7 If LESS than 1 day, _____ hrs. _____ min.

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

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 life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Mo

13. NAME W. J. Lewis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Effie Keaton

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

17. INFORMANT Hester Hudson (ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Calhoun Mo DATE 11-16-33

19. UNDERTAKER Tred Williams (ADDRESS) Clinton Mo

20. FILED Nov 15 1933 Registrar W. J. Lewis

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 15 1933

22. I HEREBY CERTIFY That I attended deceased from Oct 14 1933 to Nov 15 1933

I last saw her alive on Nov 15 1933 Death is said to have occurred on the date stated above, at 12:30 P.M.

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

Syngical Shock following Cholecystectomy
12:10 11/15
12:10 11/16

Other contributory causes of importance: Cholecystitis & Cholelithiasis

Name of operation Cholecystectomy Date of 11/15/33
What test confirmed diagnosis? Cultural Was there an autopsy? Yes

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? No
If so, specify _____ (Signed) W. J. Lewis M. D.
(Address) Keosauqua Mo

