

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

Do not use this space.

**1. PLACE OF DEATH**

County Rhelyes  
Township \_\_\_\_\_  
City Newburg (No. \_\_\_\_\_)

Registration District No. 6764402  
Primary Registration District No. 5899

File No. 37481  
Registered No. 29  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Bernadine 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 11-1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
3 3 9

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work none  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Arlington (STATE OR COUNTRY) MO

**PARENTS**  
10. NAME OF FATHER Charles Lewis  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wynessville (STATE OR COUNTRY) MO  
12. MAIDEN NAME OF MOTHER Ada Rehil  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Perryville (STATE OR COUNTRY) MO

14. INFORMANT Geo H Lewis (Address) Newburg MO

15. FILED 11/21/33 1933 B.T. Cress REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-20 1933

17. I HEREBY CERTIFY, That I attended deceased from 11-18, 1933 to 11-20, 1933 that I last saw him alive on 11-20, 1933 and that death occurred, on the date stated above, at 6 P M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Membranous croup  
10 pneumonia  
10 1/2 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 10 (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
(Signed) P.J. Smith M. D.  
11/20/33 (Address) Newburg 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 Wm. O'Leary Cem DATE OF BURIAL 11/22/33

20. UNDERTAKER L. Johnson ADDRESS Newburg MO

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.

