

SEP 19 1934
MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34944

1. PLACE OF DEATH

County Shannon Registration District No. 1125
 Township Newton Primary Registration District No. 6082
 City _____ (No. _____ St. _____ Ward _____)

File No. _____
 Registered No. _____

2. FULL NAME A. 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) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Susie Wofford		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23 1850		
7. AGE YEARS 83	MONTHS 10	DAYS 8
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer		
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) Dent Co. Mo		
13. NAME William Lewis		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ---		
15. MAIDEN NAME Mary Boyce		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ---*---		
17. INFORMANT E. Lewis (ADDRESS) Gadden Mo		
18. BURIAL, CREMATION, OR REMOVAL PLACE Empire Cem DATE 9/2/34		
19. UNDERTAKER Carl K Spencer (ADDRESS) Salem Mo		
20. FILED 8-2- 19 34 Maud Pruek Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9 9/1/34** 19**34**

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 19**34**, to Aug. 1st, 19**34**
 I last saw him alive on Oct. 8, 19**32** Death is said to have occurred on the date stated above, at **6.20 P.M.**
 The principal cause of death and related causes of importance were as follows:
Endocarditis, chronic Date of onset 11/25
131
131
 Other contributory causes of importance:
Senility
Cardiac Renal Vascular disease

Name of operation _____ Date of _____
 What test confirmed diagnosis? None Was there an autopsy? No

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. E. Kudd M. D.
 (Address) Salem, Mo.

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

