NOV 9 1934

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

Do not use this space.

36922

1. PLACE OF DEATH

County: Pettis — Registration District No.: 668 — File No.: 337

Township: — Primary Registration District No.: 3032 — Registered No.: 668

City: Sedalia (No. ..... St. ..... Ward)

2. FULL NAME: Stella Lewis

(a) Residence, No. 104 E. Cooper 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: F

4. COLOR OR RACE: Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): ~~Widow~~ Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: x

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 25 1891

7. AGE: Years 44 — Months 11 — Days 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: x

10. Date deceased last worked at this occupation (month and year): Sept 1934

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dresden Mo

FATHER

13. NAME: David Lewis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): don't no — don't no

MOTHER

15. MAIDEN NAME: Julia Carter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): don't no — don't no

17. INFORMANT (ADDRESS): Ethel Gracy, Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Dresden Mo DATE: Oct 5, 1934

19. UNDERTAKER (ADDRESS): T. D. Ferguson, Sedalia

20. FILED: 10-5-, 1934 — Jesse Slack, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-3-, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-12-, 1934, to 10-3-, 1934

I last saw her alive on 10-3-, 1934. Death is said to have occurred on the date stated above, at 6:00 p.m.

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

	Date of onset
a.	
b. Mitral Insufficiency	
c.	
d.	

Other contributory causes of importance:

Cerebral apoplexy

Name of operation: no — 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? — 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) A. R. Maddox, M. D.

(Address) 116½ W. Morrow

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.