

DEC 18 1934

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

 Do not use this space.

39649

1. PLACE OF DEATH

County Jackson Registration District No. 300
Township W. 2 Primary Registration District No. 100
City P.C. Mo. (No. General Hosp. #2) Registered No. 5132 Ward

2. FULL NAME

(a) Residence, No. 30 #6 Jennies Mae Lewis St., Wally Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. ds. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank Lewis</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-13-1890</u>		
7. AGE	YEARS <u>44</u>	MONTHS <u>3</u>	DAYS <u>5</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Domestic</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>1113</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <u>10 2</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Florida</u>				
MOTHER	13. NAME <u>Jackson Barnum</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Georgia</u>			
	15. MAIDEN NAME <u>Della Kimbush</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ga</u>			
17. INFORMANT <u>Record Clerk</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>West Lawn</u> DATE <u>11-30</u> 19 <u>34</u>				
19. UNDERTAKER <u>H. O. Embert & Casket Co.</u> (ADDRESS) <u>440 State Ave. K.C. Mo.</u>				
20. FILED <u>11-30</u> 19 <u>34</u> <u>M. M. Crowe</u> Registrar.				

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-18 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-31 1934 to 11-18 1934
I last saw her alive on 11-18 1934 Death is said to have occurred on the date stated above, at 3:00 P.M.
The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy Date of onset
Hypertension
Other contributory causes of importance:
Hypostatic Pneumonia

Name of operation Clinical Date of No
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? No
If so, specify
(Signed) J. O. Stone M. D.
(Address) General Hosp. #2

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.

