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

FEB 20 1935

Do not use this space.

631

1. PLACE OF DEATH
County: Cole — Registration District No.: 213
Township: — Primary Registration District No.: 3014
City: Jefferson (No. ..... St. ..... Ward)

File No.: 25
Registered No.:

2. FULL NAME: Mrs Louisa Lewis
(a) Residence, No.: 410 E. Water 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charles Lewis deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 1 1865

7. AGE: Years 69 — Months 4 — Days 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
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): Cape Girardeau, Missouri

FATHER
13. NAME: unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER
15. MAIDEN NAME: Louisa Kidwell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Clifford Lewis

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Riverview DATE: Jan 21, 1935

19. UNDERTAKER (ADDRESS): Buescher Funeral Home, 429 E. Capitol Ave.

20. FILED: Jan. 21, 1935 — Dr Buford MD, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1935, to Jan 19, 1935
I last saw her alive on Jan 19, 1935. Death is said to have occurred on the date stated above, at 7:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus and Chronic nephritis	

Other contributory causes of importance: age

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

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) L. A. T. Meyer, M. D.
(Address) Jefferson City Mo.

H. 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.

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