

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

Do not use this space.

5014
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1. PLACE OF DEATH MAR 25 1935
 County Green Registration District No. 318
 Township St. John Primary Registration District No. 2001
 City St. John St. _____ Ward) _____
 Registered No. _____
 2. FULL NAME John M. Lewis
 (a) Residence, No. 321 E. Elm 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 22, 1923</u>				
7. AGE YEARS <u>11</u>	MONTHS <u>3</u>	DAYS <u>22</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>V</u>			
	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) <u>Willsburg Mo</u>				
FATHER	13. NAME <u>John Lewis</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Willsburg Mo</u>			
	15. MAIDEN NAME <u>Bella Fove</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Springfield Mo</u>			
	17. INFORMANT <u>Mr. John Lewis Sr.</u> (ADDRESS) <u>Springfield Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Eastland</u> DATE <u>2/16</u> 19 <u>35</u>				
19. UNDERTAKER <u>Deagan Lohmeyer</u> (ADDRESS) <u>Springfield Mo</u>				
20. FILED <u>2-15</u> 19 <u>35</u> <u>John Lewis Sr.</u> Registrar				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 14 , 1934

22. I HEREBY CERTIFY, That I attended deceased from 2 - 8 , 1934 , to 2 - 14 - 34 , 1934
 I last saw him alive on 2 - 14 - , 1934 . Death is said to have occurred on the date stated above, at 12 05 P .
 The principal cause of death and related causes of importance were as follows:
Pneumonia (Lobar) Date of onset 2-7-35
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 Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? Yes
 If so, specify _____
 (Signed) Carl B. Baird _____, M. D.
 (Address) Springfield 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.

