

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

Do not use this space.

1. PLACE OF DEATH

County Barry Registration District No. 31
 Township McDonnell Primary Registration District No. 5045A
 City _____ (No. _____) St. _____ Ward _____

File No. 8002
 Registered No. 7

2. FULL NAME

Eden P. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Estella Lewis
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April - 12, 1854
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
80 14 9

OCCUPATION
 8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
 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) Ohio

FATHER 13. NAME Ben Lewis

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Rachel Parker

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Ben Lewis
 (ADDRESS) Ruddy, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Ruddy DATE March 23, 1935

19. UNDERTAKER Blankenships
 (ADDRESS) Ruddy, Mo.

20. FILED 4-8- 1935 Mattie Blankenship
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st 1934, to Mar 21 1935.
 I last saw him alive on March 21, 1935. Death is said to have occurred on the date stated above, at 2 P m.

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

Apoplexy Date of onset _____

Other contributory causes of importance:

Myo Carditis

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? _____

If so, specify _____

(Signed) R B Kelly, M. D.

(Address) Ruddy 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.

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

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