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.

APR 24 1935

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

Do not use this space.

10165

1. PLACE OF DEATH

County Pike — Registration District No. 685 — File No. 26

Township ~~Calumet~~ — Primary Registration District No. 4409 — Registered No. 5-

City Clarksville (No. ..... , ... St. ..... Ward)

2. FULL NAME Belva Lewis

(a) Residence, No. ..... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Black	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Lewis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept, 25, 1884

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
51	3	11	

OCCUPATION

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

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) Clarksville Mo

FATHER

13. NAME Jerry Herderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Mo

MOTHER

15. MAIDEN NAME Buhana Greene

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co. Mo.

17. INFORMANT (ADDRESS) Ione Smith Clarksville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarksville Mo DATE 3-10-1935, 19

19. UNDERTAKER (ADDRESS) I. H. Brown Clarksville Mo.

20. FILED Apr 1, 1935 — W H Treatway Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-6-1935, 19

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1935, to March 6, 1934

I last saw her alive on March 5, 193 Death is said to have occurred on the date stated above, at 2 a m.

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

	Date of onset
Double pneumonia	mar 5-1934

Other contributory causes of importance:

Influenza	March 1-1935

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?

If so, specify E J

(Signed) E M Bartlett, M. D.

(Address) Clarksville Missouri