

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

Do not use this space.

MAY 31 1935

13602

1. PLACE OF DEATH

County Mercer
Township Princeton
City Princeton (No., St. Ward)

Registration District No. 556
Primary Registration District No. 4328

File No.
Registered No. 18
St. Ward)

2. FULL NAME

John H. Lewis

(a) Residence, No. St. Ward.
(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 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 Margaret

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 29 - 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 7 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Mo

13. NAME H. N. Lewis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Mulvanea

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Vernon Lewis Princeton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairfax County DATE April 19 1935

19. UNDERTAKER (ADDRESS) Paul Mass Princeton Mo

20. FILED 4/17, 1935 J. M. Perry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 10:30 A.M.

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

While plowing in the garden of John Mulvanea Fall, 1934, myocardial degeneration and aural fistula

Other contributory causes of importance: Nephritis Chronic (by grossing)

Name of operation..... Date of.....
What test confirmed diagnosis? None 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) P. E. Cornitt Coroner
Princeton Mo,

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.

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2
3

Department	Total	Total	Total	Total
American Red Cross	1,000,000	1,000,000	1,000,000	1,000,000
American Red Cross	1,000,000	1,000,000	1,000,000	1,000,000
American Red Cross	1,000,000	1,000,000	1,000,000	1,000,000
American Red Cross	1,000,000	1,000,000	1,000,000	1,000,000
American Red Cross	1,000,000	1,000,000	1,000,000	1,000,000
American Red Cross	1,000,000	1,000,000	1,000,000	1,000,000
American Red Cross	1,000,000	1,000,000	1,000,000	1,000,000
American Red Cross	1,000,000	1,000,000	1,000,000	1,000,000
American Red Cross	1,000,000	1,000,000	1,000,000	1,000,000