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.

JUL 12 1935

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

Do not use this space.

19918

1. PLACE OF DEATH
County JACKSON — Registration District No. 399 — File No. [illegible]
Township KAW — Primary Registration District No. 1002 — Registered No. [illegible]
City KANSAS CITY (No. 4525 GILLHAM ROAD - 2ND FLOOR Ward)

2. FULL NAME MRS. ADA LILLIAN LEWIS
(a) Residence, No. 4525 GILLHAM ROAD St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 48 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): MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF WILLIAM V. LEWIS
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 2 - 1866
7. AGE: YEARS 69 — MONTHS 0 — DAYS 20 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE
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) NEW YORK

FATHER
13. NAME THEODORE A. BARTLETT
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW YORK

MOTHER
15. MAIDEN NAME LILLIAN FERGUSON
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW YORK

17. INFORMANT MR. WILLIAM V. LEWIS (ADDRESS) 4525 GILLHAM ROAD
18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE JUNE 24 1935
19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) 2111 EAST 9TH ST.
20. FILED 6/24 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 22 1935

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1935, to June 22, 1935
I last saw her alive on June 16, 1935 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:

	Date of onset
Mitral Stenosis (many years duration)	
92	

Other contributory causes of importance: Cerebral Thrombosis April 15 - 35

Name of operation none 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) Herbert Tuthill, M. D.
(Address) 1125 Rialto Bldg.

1125 Realto Bldg.
2130-5