

JUL 30 1935

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

Do not use this space.

791
1003

24823

1. PLACE OF DEATH

County..... Registration District No. 791
Township St. James Primary Registration District No. 1003
City St. James (No. Mo. Pacific Hwy. St. Ward) 6256

2. FULL NAME

(a) Residence, No. 413a S. Garrison St. 18 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk.
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 42 - - -
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
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) MISSOURI MISS.
13. NAME Robert Lewis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISS.

15. MAIDEN NAME MARY HUGES
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISS.

17. INFORMANT John Lewis
(ADDRESS) 3652

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE 7/23/35

19. UNDERTAKER AMERICAN FUNERAL HOME
(ADDRESS) 3421 DELMAR BLVD.

20. FILED JUL 22 1935 J. T. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/19 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/13 1935, to 7/19 1935

I last saw him alive on 7/19 1935. Death is said to have occurred on the date stated above, at 7:25 a.m.

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

Lymphadenitis
abscess of liver caused by above non tubercular

Other contributory causes of importance:
Thrombophlebitis
Pylephlebitis
Liver abscess

Name of operation none Date of 7/16/35
What test confirmed diagnosis? 100 Was there an autopsy? 7/16/35

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) J. T. Bredeck M. D.
(Address) Missouri Pacific Hosp.

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.

