

SEP 20 1935

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

Do not use this space.

26765

1. PLACE OF DEATH

County Gascon Registration District No. 411
Township 1 Primary Registration District No. 2002 File No. _____
City Joplin (No. Freeman Hospital) Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mr Lewis Givens
(a) Residence, No. Galesburg Mo. St. Ward. Galesburg Hosp
(Usual place of abode)
Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1861 mo. & day unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
about 74 X X

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. No Record

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No Record

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) No Record.

13. NAME No Record

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

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Freeman Hospital
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Meador Cem. DATE 8/21 1935

19. UNDERTAKER Hainm Woodard
(ADDRESS) Walt 4th St

20. FILED 8-21 1935 Ed Dyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-17 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1930 to Aug 17 1935
I last saw him alive on Aug 17 1935. Death is said to have occurred on the date stated above, at 11:00 m.

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

Lympho Sarcoma Date of onset 2 to 3 years duration 53

Other contributory causes of importance: _____

Signature of physician _____
What test confirmed diagnosis? autopsy 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 _____

(Signed) J. D. Givens M.D. M. D.

(Address) Joplin 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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