

OCT 23 1935

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

Do not use this space.

791  
1003

28287

## 1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

No. City Hospital No. 2

File No.....

Registered No.....

St. 7721 Ward)

## 2. FULL NAME

(a) Residence, No. 1914 - R St. Biddle Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds. 21

How long in U. S., if 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) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lilla Belle Lewis6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 7th 18777. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 58 5 248. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labour

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) Tenn.13. NAME John Lewis14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.15. MAIDEN NAME Rachel (Unknown)16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.17. INFORMANT (ADDRESS) July Gardner  
2945 - Lawton18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE 9-17 193519. UNDERTAKER (ADDRESS) Tanner and Co.  
2934 - Lawton20. FILED SEP 13 1935 A. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31 1935 st.22. I HEREBY CERTIFY, That I attended deceased from 8-13 - 1935, to 8-31 - 1935I last saw him alive on 8-31 - 1935. Death is saidto have occurred on the date stated above, at 9:10 P.

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

Degenerative Heart Disease Date of onset  
8-13-35

Other contributory causes of importance:

Broncho-pneumonia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? No23. 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) James B. Harris M.D.(Address) 2945 - Lawton Blvd

N. E.—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.

Department of Management

Office of the Director

MEMORANDUM FOR THE DIRECTOR  
SUBJECT: [Illegible]

DATE: [Illegible]

[Illegible text block]

OF CHIEF OF BUREAU

0112



[Illegible text block]

DIVISION OF [Illegible]

[Illegible text block]

[Illegible text block]

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