

NOV 29 1935

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

Do not use this space.

31638

1. PLACE OF DEATH

County

Township

City

Vernon
Coal

Registration District No.

Primary Registration District No.

(No.)

St.

Ward)

876
6153

File No.

Registered No.

2. FULL NAME

(a) Residence, No.

(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.

Charles W. Lewis
R.F.D. No 3, H. Beckler, Mo.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male White married

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

Clara Lewis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 22 - 1859

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

76

20

2

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.

Own farm

10. Date deceased last worked at
this occupation (month and
year)

Aug 19 35

11. Total time (years)
spent in this
occupation

20 1/2

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Louisville
Ky.

13. NAME

Sam Lewis

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

unknown

15. MAIDEN NAME

Cynthia M. Petty

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

unknown

17. INFORMANT
(ADDRESS)Dana Lewis
R.F.D. No 3, H. Beckler, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Deerfield Sept 26 1935

19. UNDERTAKER
(ADDRESS)C. J. Cheney
R.F.D. No 3, H. Beckler, Mo.

20. FILED

Sept 26 1935

Mrs. N. B. Primm
Registrar.

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

Sept 24 1935

I HEREBY CERTIFY, That I attended/ deceased from

Lawyer 5 1935 to once 1935

I last saw him alive on Sept 5 1935 Death is said

to have occurred on the date stated above, at 7:00 m.

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

Myocarditis

Date of onset

Other contributory causes of importance:

Kidney removed

Name of operation

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

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

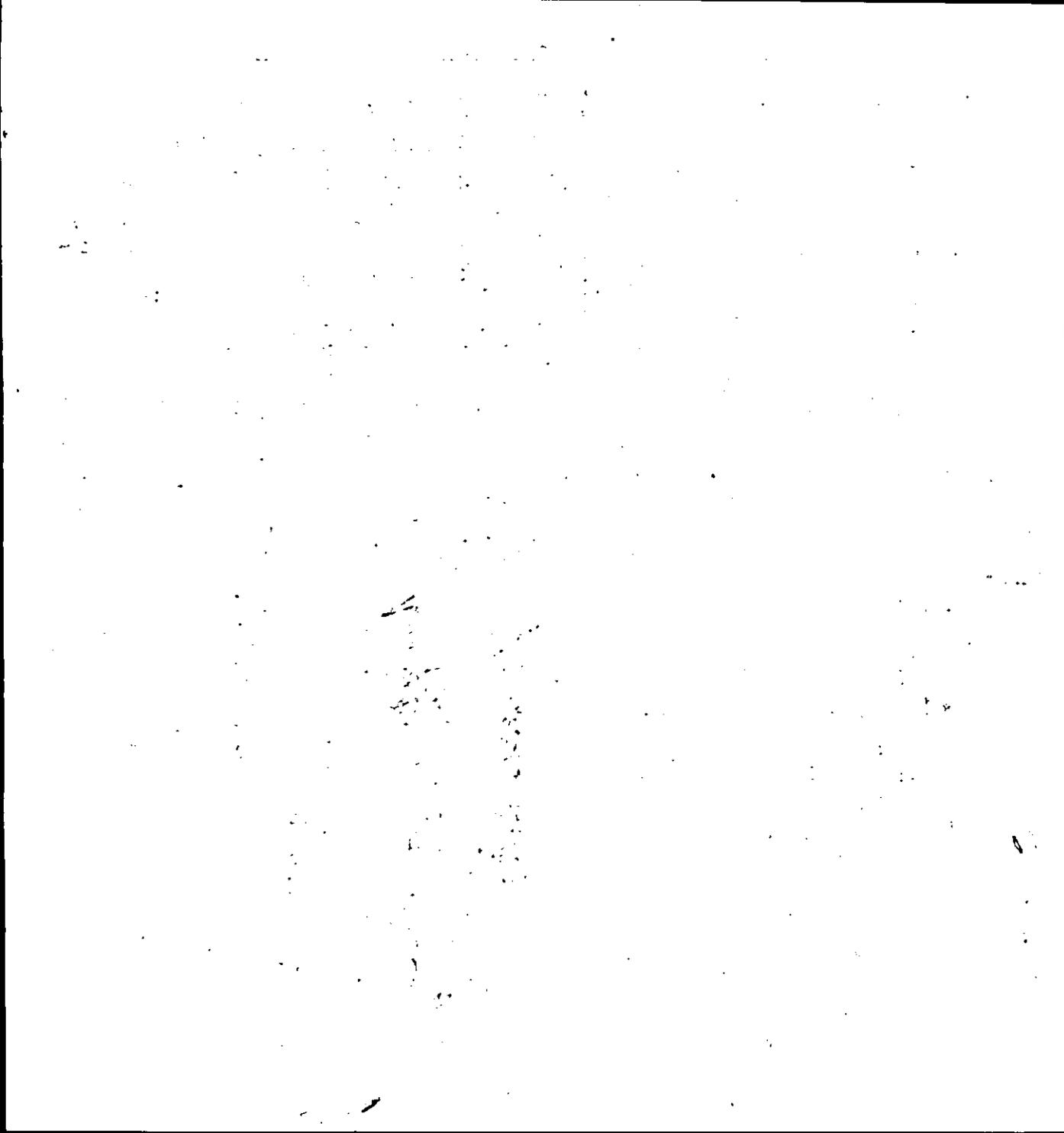
(Signed)

N. B. Primm, M. D.

(Address)

Deerfield

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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

ALL INFORMATION ON THIS FORM MUST BE WRITTEN IN INK. Do not use this space FOR OTHER PURPOSES.
File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Vernon
Township Coal
City _____ (No. _____)

Registration District No. 870
Primary Registration District No. 6153

2. FULL NAME

Chas. W. 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 2 2

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19____

19. UNDERTAKER (ADDRESS)

Ed Cheung & Co
Sept 26 1935 Mrs. Tunim
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24 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 _____ m.

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

cannot say when operation was done in Dr. Scott, Main Street Hospital by Dr. Young. Kidney removed. Other contributory causes of importance. Kidneys removed. died suddenly with heart attack.

Name of operation unknown as to malignancy

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external cause (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) N. B. Pym, M. D.

(Address) Reerfeld mo

SUPPLEMENTAL

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 10 1935

S-31438