

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.

DEC 11 1935

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

Do not use this space.

35197

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1004
City St. Joseph, Mo. (No. Mo. Meth. Hosptl.) St. _____ Ward _____

2. FULL NAME Dr. EDGAR ALBERT LEWIS

(a) Residence, No. Rockport, Mo. St. _____ 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. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mrs Ethel A. Lewis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16 th 1877
7. AGE YEARS 58 MONTHS 5 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

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

FATHER 13. NAME Perry Lewis

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

MOTHER 15. MAIDEN NAME Carrie VanMeter

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

17. INFORMANT Mrs. Carrie Lewis (ADDRESS) Rockport, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rockport, Mo. DATE 11/7/ 1935

19. UNDERTAKER FLEEMAN & SON INC. (ADDRESS) _____

20. FILED 11-7- 1935 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from June 1935 to Nov 7 1935
I last saw h. m. alive on Nov 6 1935. Death is said to have occurred on the date stated above, at 12.10A.

The principal cause of death and related causes of importance were as follows:
Chronic nephritis interstitial with hypertension Date of onset _____
Hypertensive heart disease
Other contributory causes of importance:
Heart block with Stokes-Adams Syndrome

Name of operation None Date of _____
What test confirmed diagnosis? Clinical 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? No
If so, specify _____
(Signed) J. R. Benson M. D.
(Address) St. Joseph, Mo.

