

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

Do not use this space.

35856

1. PLACE OF DEATH **JAN 16 1935**

County Harrison Registration District No. 334
Township Bethany Primary Registration District No. 4197
City Bethany (No. _____) St. _____ Ward _____

File No. _____
Registered No. 407

2. FULL NAME William N. Lewis
(a) Residence, No. _____ 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-23-1844
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
91 0 2
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret Farmer
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) Ind

13. NAME Samuel Lewis

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

15. MAIDEN NAME Susanna Wise

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

17. INFORMANT Mr. W. H. Lewis
(ADDRESS) Bethany Ind

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethany Ind DATE 11/27 1935

19. UNDERTAKER Robert Thomas
(ADDRESS) Bethany Ind

20. FILED Dec 11 1935 U. L. Wenzel
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-25-1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1935, to Nov 26 1935
I last saw him alive on Nov 24 1935 Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset _____

Other contributory causes of importance? 108

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 _____ 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) W. H. Thomas M. D.
(Address) Bethany Ind

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.

