

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.

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

Do not use this space.

DEC 19 1935

36819

1. PLACE OF DEATH
 County New Madrid Registration District No. 605
 Townshp. Cross Primary Registration District No. 4357
 City _____ (No. _____) St. _____ (Ward)

2. FULL NAME Carl Jefferson 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>S</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 25, 1932</u>				
7. AGE	YEARS <u>3</u>	MONTHS <u>2</u>	DAYS <u>20</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>mil</u>			
	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) <u>Madison Co Mo</u>				
MOTHER	13. NAME <u>James Lewis</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>			
	15. MAIDEN NAME <u>Jessie Tinker</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>			
17. INFORMANT <u>James Lewis</u> (ADDRESS) <u>Parma, Mo RR</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Madison Mo</u> DATE <u>11-16</u> , 19 <u>35</u>				
19. UNDERTAKER (ADDRESS) <u>T. Knight</u> <u>Parma, Mo</u>				
20. FILED <u>11/15</u> , 19 <u>35</u> <u>Crowder</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1935 to Nov 15, 1935
 I last saw him alive on Nov 15, 1935 Death is said to have occurred on the date stated above, at 8 P m.
 The principal cause of death and related causes of importance were as follows:
Erysipelas of whole body
 Date of onset _____

Other contributory causes of importance:
15

Name of operation _____ 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? _____
 If so, specify Crowder
 (Signed) _____, M. D.
 (Address) Parma

