

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

Do not use this space.

FEB 18 1936

534

1. PLACE OF DEATH

County Cass
Township Oedewater
City Orwell (No.)

Registration District No. 151
Primary Registration District No. 4085

File No.
Registered No. 4
St. Ward)

2. FULL NAME

(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF none.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-16-1911.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 4 15

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year) Jan 23 36 11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miami Co. Kans.

13. NAME Frank Lewis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miami Co. Kans.

15. MAIDEN NAME Gertrude Stitt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butte Co. Mo.

17. INFORMANT Frank Lewis (ADDRESS) Orwell Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maeson Cem DATE 2-2-36

19. UNDERTAKER W. H. ... (ADDRESS) Orwell Mo.

20. FILED 2-18-36 John S. ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-31 1936

22. I HEREBY CERTIFY That I attended deceased from Jan 25 1936 to Jan 31 1936
Last saw V.M. alive on Jan 31 1936 Death is said

to have occurred on the date stated above, at 5:30 P.

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

Acute Spontaneous Pericarditis Date of onset Jan 25

Other contributory causes of importance: Acute Myocarditis, Pneumonia - Right Lobe, Upper Lobe

Name of operation: _____ Date of: _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (if none), 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: _____

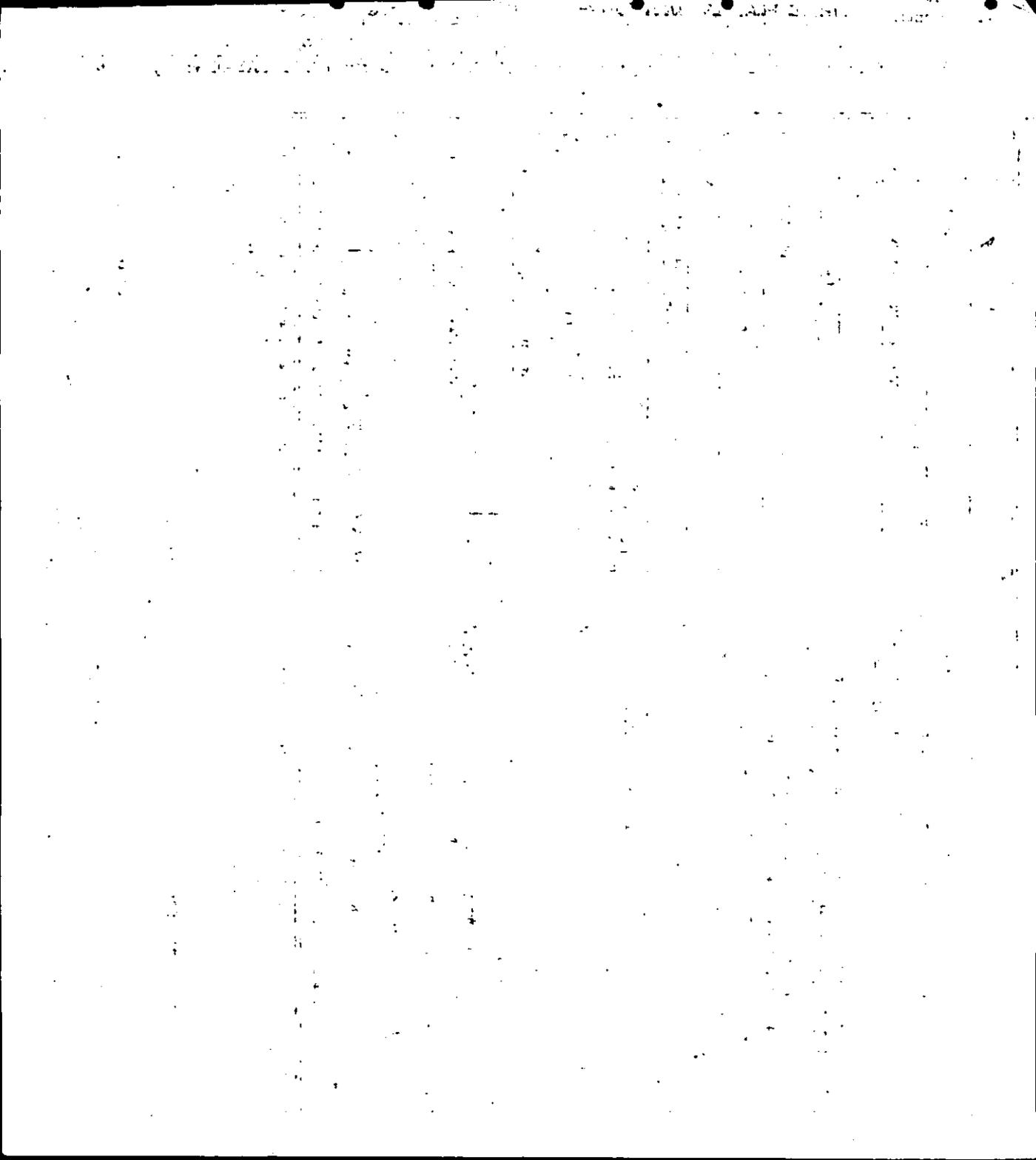
Nature of injury: _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) Benjamin ... M. D. (Address) Orwell Mo.

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.



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1. PLACE OF DEATH

County Wass

Registration District No. 151

File No.

Township Drevel

Primary Registration District No. 4085

Registered No.

City Drevel (No.)

St. Ward)

2. FULL NAME

(a) Residence, No. Sterling Leslie Lewis 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 m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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, hr. or min. 24 4 15

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)

20. FILED Feb 2 1936 John Bundy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

Last seen 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:

acute Streptococcus Pleuritis Date of onset

Lobar Pneumonia

Other contributory causes of importance:

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) B. G. Hartwell M. D.

(Address) Drevel mo

SUPPLEMENTARY

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

COUNTY I X7044

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.

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