

APR 16 1936

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

Do not use this space.

9601

1. PLACE OF DEATH

County Cape GirardeauRegistration District No. 125

File No. _____

Township _____

Primary Registration District No. 3009Registered No. 84City Cape Girardeau(No. Southwest Mo. Hospital)

St. _____

Ward) _____

2. FULL NAME James Ralph 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)

single

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

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

Mar. 8, 1936

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or ... min.

000

OCCUPATION

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)

Cape Girardeau Mo.

MOTHER FATHER 13. NAME

Thomas Lewis

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

Jackson Mo.

15. MAIDEN NAME

Evelyn Galley

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

Jackson Mo.

17. INFORMANT (ADDRESS)

Thomas Lewis Jackson, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Russell High Cemetery DATE Apr 9 1936

19. UNDERTAKER (ADDRESS)

Wm. H. Wilson Howard Jackson, Mo.

20. FILED

3 18 36 J.M. Puryear Registrar.

MEDICAL CERTIFICATE OF DEATH

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

March 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from

March 8, 8 AM, 1936, to March 9, 3 PM, 1936I last saw him alive on March 8, 1936 Death is saidto have occurred on the date stated above, at 3 P.M.

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

Maldescentation very difficult delivery

Date of onset

Other contributory causes of importance:

none

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? no

If so, specify _____

(Signed) D. J. L. Robinson, M. D.(Address) Jackson Mo.

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.

