

APR 17 1936

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

Do not use this space.

10079

1. PLACE OF DEATH

County FranklinRegistration District No. 297

Township

Primary Registration District No. 3016City Washington Mo.

File No.

Registered No. 26

St. Ward)

2. FULL NAME

(a) Residence, No. Lena M. 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 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14 - 1909

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

27 - 27

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Housewife

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) Jefferson Co. Mo.
(STATE OR COUNTRY)

13. NAME Jack Wilson

14. BIRTHPLACE (CITY OR TOWN) Jefferson Co. Mo.
(STATE OR COUNTRY)

15. MAIDEN NAME Lilley Perkins

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

17. INFORMANT Robert Wilson
(ADDRESS) Robertsville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE Mar. 15 1936
care of Mrs. Dill, Mo.

19. UNDERTAKER Wm. Casey & Co.
(ADDRESS) St. Clair St.

20. FILED Mar. 13, 1936 H. A. May
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12, 193622. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1936, to March 12, 1936I last saw her alive on March 12, 1936. Death is saidto have occurred on the date stated above, at 2:26 P.M.

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

ChylopoTuberculosisof pulmonaryand pharyngeal

Date of onset

23

Other contributory causes of importance:

Name of operation none Date ofWhat test confirmed diagnosis? 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) Frank G. May, M. D.(Address) 811 W. 4th, Washington, 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.

