

MAY 21 1936

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

Do not use this space.

15719

1. PLACE OF DEATH

County JeffersonRegistration District No. 421

File No. _____

Township _____

Primary Registration District No. 4249Registered No. 48City Festus (No. _____)

St. _____ Ward _____

2. FULL NAME Phoebe 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 Female 4. COLOR OR RACE Col 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) Jan. 1 - 18507. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
86 3 88. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

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) Rush Town (STATE OR COUNTRY) Mo13. NAME Rev. D. W. Gattis' Lewis14. BIRTHPLACE (CITY OR TOWN) Rush Town (STATE OR COUNTRY) Mo15. MAIDEN NAME Rebecca Waggoner16. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY) _____17. INFORMANT Man Foster (ADDRESS) Festus Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mo DATE 4-13 193619. UNDERTAKER Dement - son (ADDRESS) 420 S. Adams20. FILED 4/11 1936 J. E. Rutledge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 9 193622. HEREBY CERTIFY, That I attended deceased from Oct 1935 to Apr. 9 1936I last saw him alive on Apr. 9 1936. Death is said to have occurred on the date stated above, at 10:45 P. m.

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

Bronchial Asthma and Bronchitis

Date of onset _____

Other contributory causes of importance: Age

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 _____, 1936Where 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) J. E. Rutledge, M. D.(Address) Festus, 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.

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

