

JUL 23 1936

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

Do not use this space.

1. PLACE OF DEATH

County Lawrence  
Township North Vernon  
City (No. ....) .....

Registration District No. 470  
Primary Registration District No. 5283

File No. 23419  
Registered No. 78  
.....St. ....Ward)

2. FULL NAME

James Lewis

(a) Residence, No. ....St., ....Ward. St Joseph Mo  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 5-1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ....hrs. or ....min.  
47 3 22

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

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

10. Date deceased last worked at this occupation (month and year) 1-4-35 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ashtaburg Mo

13. NAME Paul Lewis

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

15. MAIDEN NAME Reggy Birch

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

17. INFORMANT (ADDRESS) deceased

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sanatorium DATE July 1 1936

19. UNDERTAKER (ADDRESS) Geo. B. Orr

20. FILED June 23 1936 P. A. Holmes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27 1936

22. I HEREBY CERTIFY That I attended deceased from June 9-36 to June 27 1936  
I last saw him alive on June 27 36 Death is said to have occurred on the date stated above, at 2:23 P. m.

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

Pulmonary Tuberculosis 1935

Other contributory causes of importance:  
None

Name of operation None Date of None  
What test confirmed diagnosis Spitum 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) J. B. Galtacker M. D.  
(Address) North Vernon 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.

