

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

Do not use this space.

OCT 20 1936

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township _____

Primary Registration District No. 1001

City St. Joseph,

(No. 2209 North 7th.

File No. _____

Registered No. 1206

St. _____ Ward _____

2. FULL NAME Charles E. Lewis,

(a) Residence, No. 2209 North 7th. St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 8 mos. 08 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married,</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Lewis,</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan'y 4, 1871</u>		
7. AGE YEARS <u>65</u>	MONTHS <u>8</u>	DAYS <u>18</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Candymaker</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Candy Factory</u>
	10. Date deceased last worked at this occupation (month and year) <u>Sept. 1935</u>
	11. Total time (years) spent in this occupation <u>50</u>

12. BIRTHPLACE (CITY OR TOWN) Saint Joseph,
(STATE OR COUNTRY) Missouri,

13. NAME James M. Lewis,

14. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Illinois,

15. MAIDEN NAME Katherine Pyrtle,

16. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Tennessee,

17. INFORMANT Mrs. Chas. E. Lewis
(ADDRESS) 2209 North 7th. St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cemetery Date Sept. 24, 1936

19. UNDERTAKER Heaton-Begale-Bowman
(ADDRESS) 319 So. 10th. St. St. Joseph, Mo.

20. FILED 9-22-36 N. J. Matthews
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-21-36, 1936, to 9-22-36, 1936

I last saw him alive on 9-21-36, 1936. Death is said to have occurred on the date stated above, at 3:10 a.m.

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

Heart failure, Toxic Date of onset 9-21-36
108
Lobar Pneumonia 9-17-36

Other contributory causes of importance:

Name of operation ✓ Date of _____

What 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) Thomas Beaumont, M. D.

(Address) 302 p. St. Bldg
St. Joseph, Mo

WRITE PLAINLY, WITH UNBOLD HAND

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.

