

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

Do not use this space.

34074

1. PLACE OF DEATH

County Franklin
Township Central
City St. Clair

Registration District No. 294
Primary Registration District No. 5409A

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Julius W. 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 <u>M</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>Selma Enloe</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
	<u>33</u>	<u>6</u>
		<u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Filling Station attendant</u>		
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 <u>4 Mo.</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Londell Mo.</u>		
13. NAME <u>Robert Lewis</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Londell Mo.</u>		
15. MAIDEN NAME <u>Etta Emmons</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Londell Mo.</u>		
17. INFORMANT (ADDRESS) <u>Selma Lewis</u> <u>St. Clair Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Grove</u> DATE <u>Sept 10 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Wm. Casen & Co.</u> <u>St. Clair Mo.</u>		
20. FILED <u>Sept 9, 1936</u> <u>W. J. Duckworth</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 8 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:
a gunshot wound in left head inflicted by him self.
167
1/8/36
Other contributory causes of importance:
seriously unbalanced

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide suicide Date of injury 9/8, 1936
Where did injury occur? St. Clair, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In Public place - Behind a building
Manner of injury Building
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) E. L. Washington M.D.
(Address) Union 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.

