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 LEGIBLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

OCT 21 1936

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

Do not use this space.

35322

1. PLACE OF DEATH Randolph
County Randolph — Registration District No. 735
Township — Primary Registration District No. 3034
City Moberly (No. Woodland Hospital St. Ward)

File No.
Registered No. 198

2. FULL NAME James T. 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. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-6-1863

7. AGE: Years 73 | Months 7 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) (STATE OR COUNTRY) Jackson Co. Mo.

FATHER
13. NAME Not Known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT (ADDRESS) J. T. Lewis La Mont Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Boonsboro, Mo. DATE 9-15-1936

19. UNDERTAKER (ADDRESS) C. S. Duncan Fayette, Mo.

20. FILED 9/15 1936 Virginia Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 30, 1936, to Sept. 12, 1936
I last saw him alive on Sept. 12, 1936. Death is said to have occurred on the date stated above, at 10:11 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy of prostate, ~~[illegible]~~	2 yrs.

Other contributory causes of importance

137

Name of operation None 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, 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 No
(Signed) R. D. Streeter, M. D.
(Address) Moberly, Mo.