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

Do not use this space.

1. PLACE OF DEATH

County: Cooper — Registration District No. 217 — File No. 44197

Township: — Primary Registration District No. 4131 — Registered No.

City: Blackwater (No. , St. Ward)

2. FULL NAME: Thomas J. Lewis

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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sarah

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 9, 1860

7. AGE: 76 YEARS, 11 MONTHS, 0 DAYS — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Blacksmith
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): abt 1933
11. Total time (years) spent in this occupation: 40 yrs

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

FATHER

13. NAME: John Lewis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER

15. MAIDEN NAME: Frances Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

17. INFORMANT (ADDRESS): W. T. H. Lewis Blackwater, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lamine DATE: Dec. 11, 1936

19. UNDERTAKER (ADDRESS): Gillespie Funeral Home Sedalia, Mo.

20. FILED: 12-11, 1936 W. T. Lewis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 9, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 6th, 1936, to Dec 9th, 1936
I last saw him alive on Dec 9th, 1936 Death is said to have occurred on the date stated above, at 9 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12-6 1936

Other contributory causes of importance: Arterio Sclerosis

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) W. T. Lewis, M. D.
(Address) Blackwater Mo.