

JAN 19 1937

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

Do not use this space.

45092

5676

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County Jackson Registration District No. \_\_\_\_\_  
Township Paul Primary Registration District No. \_\_\_\_\_  
City Kansas City (No. 1206 1/2 St. 24th)

2. FULL NAME

Adam Lewis  
(a) Residence, No. 1206 1/2 W 24th St. St. 3 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 Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
50

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. dom labor  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. K.C. Terminal Rail Co.  
10. Date deceased last worked at this occupation (month and year) Dec 2 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

FATHER  
13. NAME Thomas Lewis

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

MOTHER  
15. MAIDEN NAME Kathryn Lewis

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

17. INFORMANT Clemie Mayhue (ADDRESS) 1704 E. 28th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Muskogee Okla. DATE 1/9 19. 3

19. UNDERTAKER Watkins Bros (ADDRESS) 1729 Lydia

20. FILED 1-9- 19. 3771 W. Kansas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/29 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-28, 1936, to 12-29, 1936

I last saw him alive on 12-28, 1936 Death is said to have occurred on the date stated above, at 3 A.

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

Crown aneurysm Date of onset \_\_\_\_\_

Other contributory causes of importance:

Arteriosclerosis

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 SA  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) [Signature] M. D.  
(Address) 1572 N. 5th St

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state cause of death as accurately as possible.

