

DEC 29 1936

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

Do not use this space.

45592

## 1. PLACE OF DEATH

County *New Madrid*  
Township *1 11*  
City *111 111* (No. ....)

Registration District No. *604*  
Primary Registration District No. *4358*

File No. ....  
Registered No. ....  
St. .... Ward)

## 2. FULL NAME

(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

## MEDICAL CERTIFICATE OF DEATH

3. SEX *female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 9*, 19*36*

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *W. G. Lewis*

22. I HEREBY CERTIFY, That I attended deceased from *Dec 4*, 19*36*, to *Dec 9*, 19*36*I last saw him alive on *Dec 4*, 19*36*. Death is said6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 14 - 1881*to have occurred on the date stated above, at *2:40* m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*55* *25*

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *house wife*

Date of onset

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

*Sarcema*  
*Smelling lower abdomen*

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *New Madrid Mo.*13. NAME *Godfrey Le Sueur*Name of operation *cutting of spleen* Date of *Dec 7*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *New Madrid Mo.*What test confirmed diagnosis? *cutting of spleen* Was there an autopsy? *No*15. MAIDEN NAME *Clara Water*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19...

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *New Madrid Mo.*

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) *W. G. Lewis New Madrid, Mo.*

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE *Evergreen* DATE *Dec 10*, 19*36*

Manner of injury

Nature of injury

19. UNDERTAKER (ADDRESS) *Richardson Co. New Madrid Mo.*24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

20. FILED *12/10*, 19*36* *Wm. O. Brown* Registrar(Signed) *W. O. Brown* M. D.(Address) *New Madrid Mo.*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

**1. PLACE OF DEATH**

County New Madrid Registration District No. 604  
 Township \_\_\_\_\_ Primary Registration District No. 4388  
 City New Madrid (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

**2. FULL NAME**

Virginia Lesieur 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

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 \_\_\_\_\_ m.

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

7. AGE YEARS 55 MONTHS 0 DAYS 25 If LESS than 1 day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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

Sarcoma involving lower abdomen, left inguinal gland, primary  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_, 19\_\_\_\_

19. UNDERTAKER (ADDRESS)

20. FILED 12/10 1936 Wm O'Connell Registrar

Name of operation \_\_\_\_\_ 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? \_\_\_\_\_

If so, specify \_\_\_\_\_ (Signed) W.L., M. D.

(Address) \_\_\_\_\_

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

S-45592