

JAN 10 1937

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

Do not use this space.

46329

1. PLACE OF DEATH

County.....

Registration District No.

791

Township.....

Primary Registration District No.

1003

City St. Louis, Missouri. (No. City Hospital.)

City Hospital.

File No. 12115
Registered No.
St. Ward)

2. FULL NAME Nannie L. Lewis.

(a) Residence, No. 2837 Russell Blvd. St. 23 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 Female 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 Charles Alfred Lewis.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 9th, 1871.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 2 28

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

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) Arkansas

FATHER 13. NAME George Baney

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Charles Alfred Lewis. (ADDRESS) 2837 Russell Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Odd Fellows Cem. DATE December 10, 1936

19. UNDERTAKER Ziegenhein Bros. (ADDRESS) 2623 Cherokee Street.

20. FILED DEC 10 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH
No physician in attendance
21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 7th, 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 3:00P. m.

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

Intestinal Obstruction
(Cause unknown)
Date of onset

Other contributory causes of importance: 23

Pulmonary Tuberculosis

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) Archie D. Bell M. D.
(Address) St. Louis, 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.

