

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

Do not use this space.

JUL 22 1936

48475

1. PLACE OF DEATH

County Jefferson Registration District No. 421 File No. _____
 Township Boachim Primary Registration District No. 5575 Registered No. 70
 City Mercuranium (No. _____) St. _____ Ward _____

2. FULL NAME

Baby Lewis
 (a) Residence, No. _____ St. Mo Ward _____
 (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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 4/36</u>		
7. AGE YEARS <input checked="" type="checkbox"/>	MONTHS <input checked="" type="checkbox"/>	DAYS <input checked="" type="checkbox"/>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <input checked="" type="checkbox"/>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation <input checked="" type="checkbox"/>
12. BIRTHPLACE (CITY OR TOWN) <u>Mercuranium</u> (STATE OR COUNTRY) <u>Mo</u>		
MOTHER	13. NAME <u>Thos Chas. Lewis</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>St Louis</u> (STATE OR COUNTRY) <u>Mo</u>	
	15. MAIDEN NAME <u>Florence Buckner</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) <u>St Genevieve</u> (STATE OR COUNTRY) <u>Mo</u>	
	17. INFORMANT <u>Florence Lewis</u> (ADDRESS) <u>Mercuranium Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mercuranium Cemetery (New)</u> DATE <u>6/5/36</u> 19 <u>36</u>		
19. UNDERTAKER <u>Buried by father Tony Lewis</u> (ADDRESS) _____		
20. FILED <u>7/7</u> 19 <u>36</u> <u>J. E. Rutledge</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4 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 _____ m.
 The principal cause of death and related causes of importance were as follows:
Suit Born
 Date of onset _____

Other contributory causes of importance: _____

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) Thomas J. Sum, M. D.
 (Address) Bonhast Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

