

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

FEB 26 1937

817

1. PLACE OF DEATH
 34 County Douglas Registration District No. 956
 Township Clinton Primary Registration District No. 5394
 City Carroll (No. _____) St. _____ Ward _____

2. FULL NAME Lyman D. Lewis
 (a) Residence, No. Camp F-19, Cabot, Mo. Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 1 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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-17-1878
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
58 8 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, hookkeeper, etc. Carpenter Helper
 OCCUPATION Industries or business in which work was done, as mill, saw mill, bank, etc. U.S.F.S. - Camp F-19, Side Camp, Mo.
 10. Date deceased last worked at this occupation (month and year) 1-15-37 11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cassopolis County, Mo.

FATHER 13. NAME David 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME David 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Lawrence Best Camp Capt. (ADDRESS) F-19, Cabot, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ 19. _____

19. UNDERTAKER Edgar W. [unclear] (ADDRESS) Cabot

20. FILED Feb 10 1937 Mrs. Alice Rankin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-21-1937
 22. I HEREBY CERTIFY, That I attended deceased from 1-20-1937 to 1-21-1937
 I last saw him alive on 1-21-1937 Death is said to have occurred on the date stated above, at 7:25 p.m.
 The principal cause of death and related causes of importance were as follows:

Branchial Pneumonia Date of onset 1-14-37

Other contributory causes of importance: None

Name of physician Physician Date of _____
 What test confirmed diagnosis Physician Was there 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) J. B. Davis M. D.
 (Address) Willow Springs 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.

