

MAR 15 1937

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

Do not use this space.

4898

1. PLACE OF DEATH

County BarryRegistration District No. 30Township MonettPrimary Registration District No. 20403City MonettFile No. 112, FriaRegistered No. 8

St. _____ Ward _____

2. FULL NAME William Samuel 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

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Minnie Lewis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 21 - 1864</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>11</u>
	DAYS <u>29</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Dray Man</u>	
	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) <u>Mo</u>		
FATHER	13. NAME <u>William Lewis</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
	15. MAIDEN NAME <u>Eliza De Witt</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>?</u>	
	17. INFORMANT (ADDRESS) <u>Howard Lewis</u> <u>80 E. Lincoln Monett</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>W. O. T.</u> DATE <u>Feb. 22, 1937</u>	
19. UNDERTAKER (ADDRESS) <u>Blankenship</u> <u>Monett Mo.</u>		
20. FILED <u>2-22-37</u> <u>W. M. West</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20, 193722. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1937 to Feb 20, 1937I last saw him alive on Feb 20, 1937. Death is saidto have occurred on the date stated above, at 8:15 A.M.

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

Ischaemic Heart Disease

Date of onset _____

Other contributory causes of importance: None

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? NoIf so, specify No(Signed) W. M. West M. D.(Address) Monett 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.

DEC 9 1943