

APR 8 1937

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

Do not use this space.

9570
1937

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. _____
Primary Registration District No. _____

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Robert Wayne Lewis

(a) Residence, No. 1629 Fuller St., Ward 0

(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 Male 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 Parkine Lewis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24 1910

7. AGE YEARS 26 MONTHS 7 DAYS 18 If LESS than 1 day, _____hra. or _____min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ford Motor Co.

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) St. Joseph Missouri

13. NAME Robert Lewis

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

15. MAIDEN NAME Kathryn Voorhies

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

17. INFORMANT Parkine Lewis (ADDRESS) 1629 Fuller N.C. No.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE Mar 14 - 37

19. UNDERTAKER H.C. Carson (ADDRESS) Independence, Mo.

20. FILED Mar 14 1937 M.M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/12/37 1937

22. I HEREBY CERTIFY That I attended deceased from _____ 9th to _____ 1937

I last saw him alive on 1/12/37 1937 - 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:

Automobile homicide
Fracture of skull

Other contributory causes of importance: 2/10/37

Name of operation _____ Date _____

What test confirmed diagnosis _____ Was there an autopsy _____

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide. Date of injury 3/12/37

Where did injury occur Pring & Birmingham Road Specify whether injury occurred in industry, at home, or in public place. Pedestrian

Manner of injury Struck by motor car

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signed) [Signature] M. D.

(Address) [Address]

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.

