

APR 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Clinton
Township Jackson
City Jackson (No. _____)

Registration District No. 206
Primary Registration District No. 3295

File No. 11636
Registered No. 10
St. _____ Ward _____

2. FULL NAME

Margaret C. Lewis

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. mo. ds. How long in U. S., if of foreign birth? yrs. mo. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 17-1859

7. AGE YEARS 80 MONTHS 1 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeping
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) Clinton Mo.

MOTHER 13. NAME Berry Brown

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

15. MAIDEN NAME Mary Jane Martin

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

17. INFORMANT Mr Henry Bell (ADDRESS) Jackson Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cathedral DATE 3/16 37

19. UNDERTAKER (ADDRESS) Ed. W. Crunk

20. FILED 3-9 37 E. B. Hudson Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/2 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 1934 to Mar 1 1936. I last saw him alive on Oct 26 1936. Death is said to have occurred on the date stated above, at 2:59 m.

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

Senile Myelitis Date of onset 1935
Arterio sclerosis 1931

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? No
If so, specify _____
(Signed) E. B. Hudson M.D.
(Address) Clinton Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

