

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County RANDOLPH Registration District No. 735 File No. 13110
Township SUGAR CREEK Primary Registration District No. 3.034 Registered No. 58
City MOBERLY (No. _____) St. _____ Ward _____

2. FULL NAME CHARLES P. LEWIS

(a) Residence, No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 10 mos. 11 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 CORDIE LEWIS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 21 - 1892

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
64 10 11

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

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

10. Date deceased last worked at this occupation (month and year) FEB. 26 1937 11. Total time (years) spent in this occupation LIFE

12. BIRTHPLACE (CITY OR TOWN) RANDOLPH Co Mo (STATE OR COUNTRY)

13. NAME JOHN LEWIS

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

15. MAIDEN NAME NANCY LAY

16. BIRTHPLACE (CITY OR TOWN) HOWARD Co NEAR FAYETTE Mo (STATE OR COUNTRY)

17. INFORMANT MARK LEWIS (ADDRESS) HIGBEE ROUTE 4

18. BURIAL, CREMATION, OR REMOVAL PLACE FARVIEW-RANDOLPH DATE MAR 3 1937

19. UNDERTAKER SNOW & LAMBIER (ADDRESS) HIGBEE Mo.

20. FILED Mar. 3 1937 Ethel Clifton Registrar.

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

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28 1937, to March 2 1937

I last saw him alive on March 2 1937. Death is said

to have occurred on the date stated above, at 2:00 P. m.

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

Acute thrombosis superior mesenteric artery Date of onset Feb. 27 1937

Other contributory causes of importance: Gangrene and necrosis, small intestine, Peritonitis

Name of operation Drainage Date of Feb. 28/37

What test confirmed diagnosis? Operation. 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 _____, 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) R. D. Streetor, M. D. (Address) Moberly Mo.

APR 30 1946