

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.

MAY 31 1937

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

Do not use this space.

17443

1. PLACE OF DEATH

95 County St. Clair Registration District No. 1039
Township Polk Primary Registration District No. 6018
City Harper (No. _____) St. _____ Ward _____

2. FULL NAME

Anna C. Lewis

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-21-1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 4 10

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

FATHER
13. NAME Edward Elkins

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

MOTHER
15. MAIDEN NAME Katy Ethel

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

17. INFORMANT (ADDRESS) Best Lewis
Oscola Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Harper Mo. DATE Mar 2

19. UNDERTAKER (ADDRESS) O. Shell
Oscola

20. FILED 6 1937 Mrs. W. F. Hudson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1937, to March 1, 1937
I last saw him alive on Feb. 23, 1937. Death is said to have occurred on the date stated above, at 6 A. m.

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

Pulmonary emphysema
Date of onset about Jan. 1 1937

Other contributory causes of importance: 13

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an 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 3
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____
(Signed) H. Hartway, D.O. M. D.
(Address) Oscola, Mo.

SEP 11 1944