

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

Do not use this space.

JUN 16 1937

19306

1. PLACE OF DEATH

County Andrew Registration District No. 16
Township Rochester Primary Registration District No. 3020
City (No. Rochester, Mo.) St. _____ Ward _____

File No. _____
Registered No. 3

2. FULL NAME

John Martin Lewis
(a) Residence, No. Rochester, Mo. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. 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 Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Lola Genselman WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24 1880

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>56</u>	<u>56</u>	<u>10</u>	<u>10</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berchman, Mo.

13. NAME Geo. H. Lewis

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

15. MAIDEN NAME Lina Belton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rochester, Mo.

17. INFORMANT (ADDRESS) Mrs. Lola Lewis, Rochester, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Worship, Mo. DATE May 5 1937

19. UNDERTAKER (ADDRESS) Stoney Funeral Home, St. Joseph, Mo.

20. FILED May 4 1937 Lora E. Frank Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4 1937

22. I HEREBY CERTIFY, That I attended deceased from July 8 1936, to May 4 1937. I last saw him alive on May 4 1937. Death is said to have occurred on the date stated above, at 7:30 P.M.

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

Myocardial Failure

Date of onset May 1, 1937

Other contributory causes of importance: Sarcoma of left knee Feb. 1936

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical + x-ray 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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) James H. Nichols M.D.
(Address) Helena, Mo.

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

