

JUN 22 1937

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

Do not use this space.

20228

1. PLACE OF DEATH

County Iron
Township Liberty
City Sabula (No. 2)

Registration District No. 1034
Primary Registration District No. 5547

File No. 2
Registered No. 2 Ward

2. FULL NAME Mary Emma Lewis

(a) Residence, No. 1 St. 1 Ward. 1

(Usual place of abode) (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 fem. 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ###divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 0 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work
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) Sabula Mo.

MOTHER 13. NAME Robert Lewis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER 15. MAIDEN NAME Polly Griffith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT John Lewis
(ADDRESS) Sabula Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sabula Mo. DATE May, 3, 1937

19. UNDERTAKER White & Son
(ADDRESS) Ironton Mo.

20. FILED May 20, 1937 Mrs. Julia Coyle Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from about Feb 1, 1937, to May 2, 1937
I last saw her alive on Feb 1, 1937. Death is said to have occurred on the date stated above, at 4.00P.M.
The principal cause of death and related causes of importance were as follows:

Asphyxy
Influenza
Date of onset

Other contributory causes of importance:
none
Name of operation none Date of no
What test confirmed diagnosis? clinical 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) C. M. Fitzpatrick, M. D.
(Address) Lesterdale, Mo.

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.

