

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.

AUG 24 1937

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

Do not use this space.

27387

1. PLACE OF DEATH

County Iron  
Township Arcadia  
City                      (No.                     )

Registration District No. 391  
Primary Registration District No. 5546a

File No.                       
Registered No. 37 (Ward                     )

2. FULL NAME Mirt Lewis

(a) Residence, No. Sabula Mo. 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1898

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	39	4	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm  
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.

13. NAME Robinson Lewis

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Sabula Mo.

15. MAIDEN NAME Mattie Hance

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

17. INFORMANT (ADDRESS) Wm. Wiggins Popel

18. BURIAL, CREMATION, OR REMOVAL PLACE Chloride Mo. DATE 7-7-37

19. UNDERTAKER (ADDRESS) White & Son

20. FILED July 13, 1937 R. A. Rasch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 28 - 1937 to July 6 - 1937

I last saw him alive on July 1, 1937 Death is said to have occurred on the date stated above, at 9.15 P.

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

Tuberculosis of lungs

Date of onset                     

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) J. H. Martin, M. D.

(Address) Fronton, Mo.

