

Every year or more 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.

W.P.

SEP 15 1937

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

Do not use this space.

1. PLACE OF DEATH
 County BUCHANAN Registration District No. 85
 Township WASHINGTON Primary Registration District No. 1001
 City ST. JOSEPH (No. 605 So. 11TH St.) St. 7 Ward

File No. 30135
 Registered No. 861

2. FULL NAME LEWIS GEREN
 (a) Residence, No. 605 So. 11TH St., _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 40 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 WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF IDA MAY GEREN
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 6, 1858
 7. AGE YEARS 79 MONTHS 2 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7 1937
 22. I HEREBY CERTIFY, That I attended deceased from July 23, 1937, to Aug 7, 1937.
 Last saw him alive on Aug 7, 1937. Death is said to have occurred on the date stated above, at 7:10 P.M.
 The principal cause of death and related causes of importance were as follows:

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HARNESSE MAKER
 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 _____

Arterio-sclerotic with cerebral hemorrhage
Valvular Heart Disease
1860
 Other contributory causes of importance:
a fall on 7/23/37 caused contusion on face, left shoulder, left hip & finally cerebral thrombosis
 Date of onset 8/1/36
1935

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENNESSEE
 13. NAME LEWIS C. GEREN
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENNESSEE

Name of operation none Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? No

MOTHER
 15. MAIDEN NAME CELIA MAYNARD
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENNESSEE
 17. INFORMANT (ADDRESS) MRS. GRACE NEAR
Ray creek Mo.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 7/23/37
 Where did injury occur? His yard, St. Joseph, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
In his back yard, fell from a wall
 Manner of injury fell from a wall
 Nature of injury fractures & contusions left side only

18. BURIAL, CREMATION, OR REMOVAL PLACE MEADEVILLE, MO. DATE AUG. 9, 1937

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

19. UNDERTAKER (ADDRESS) FLEEMAN & SON, INC.
1946 CALHOUN ST.

(Signed) Gordon D. Williams M. D.
 (Address) 445 So. 11th St. Saint Joseph, Mo.

20. FILED Aug 9, 1937 H. J. Nestlebaum Registrar

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