

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 Cape Girardeau
Township 11
City Cape Girardeau (No. _____)

Registration District No. 125
Primary Registration District No. 3009

File No. 30310
Registered No. 238
St. _____ Ward _____

2. FULL NAME

Linda Lou Lewis

(a) Residence, No. _____ St. _____ Ward _____
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>S</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 7 - 1937</u>		
7. AGE	YEARS <u>no</u>	MONTHS <u>no</u>
	DAYS <u>1</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc.	<u>✓</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>✓</u>
	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) <u>Barma mo</u>		
MOTHER	13. NAME <u>Melvin Lewis</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u>	
	15. MAIDEN NAME <u>Catherin Bolton</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u>	
17. INFORMANT <u>Mrs Jessie Peters mo</u> (ADDRESS) <u>Barma</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Barma Cemetery</u> DATE <u>Aug 2 - 37</u>		
19. UNDERTAKER <u>T. C. Knight</u> (ADDRESS) <u>personal</u>		
20. FILED <u>8 - 1</u> 1937 <u>g.m. Thompson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August - 8 - 1937

22. I HEREBY CERTIFY, that I attended deceased from 8/1 1937 to 8/1 1937
I last saw h. er alive on 8/1 1937 Death is said to have occurred on the date stated above, at 9:25 a.m.
The principal cause of death and related causes of importance were as follows:
Mal Congenital Junction Intestinal Tract Outside of Abdomen the Cause of Intestinal Obstruction
Date of onset _____
Other contributory causes of importance: _____
Name of operation Resection Date of 8/1/37
What test confirmed diagnosis? Autopsy 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? _____
If so, specify _____
(Signed) O. B. Bessinger M. D.
(Address) Cape Girardeau 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.

STATE HEALTH DEPARTMENT WITH REGARDING THIS IS A PERMANENT RECORD

30284

