SEP 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County: Washington — Registration District No.: 968 — File No.: 32109

Township: Farmington — Primary Registration District No.: 6184 — Registered No.:

City: (No. , St. Ward)

2. FULL NAME Margie F. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Fr. Drumm

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 23 1842

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
95	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

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): Bradford Ia

FATHER

13. NAME: James Gander

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bradford Ia

MOTHER

15. MAIDEN NAME: Elizabeth Huckstep

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Beard Drumm, Palmer, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Beaverfork DATE: Aug 10 1937

19. UNDERTAKER (ADDRESS): Sparks, Potosi

20. FILED: Sept 9, 1937 Fannie Holman, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1937, to Aug. 8, 1937. Last saw her alive on July 20, 1937. Death is said to have occurred on the date stated above, at 4 p.m.

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

	Date of onset
Arteria sclerosis	
Chronic myocarditis	
Chronic Nephritis	

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?
If so, specify:

(Signed) Fos. L. Thurman, M. D.
(Address) Potosi, Mo.

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