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.

OCT 22 1937

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

Do not use this space.

File No. 34887

Registered No. 108

1. PLACE OF DEATH

County Newton

Township Neosho

City ..... (No. ....., ... St. ..... Ward)

Registration District No. 609

Primary Registration District No. 5808

2. FULL NAME Emma M. Lewellen

(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: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): widowed

5A. IF MARRIED, WIDOWED, OR ~~DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Frank Lewellen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 12, 1865

7. AGE: Years 72 | Months 1 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Johnson County Missouri

FATHER

13. NAME John Kenton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Marget Marrs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Huston Lewellen
(ADDRESS) Lamar, Mo. #5

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lamar, Mo. DATE 10-2 1937

19. UNDERTAKER River Funeral Home
(ADDRESS) Lamar, Mo.

20. FILED 10-2 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1937 to Sept. 30, 1937

I last saw her alive on Sept. 30, 1937. Death is said to have occurred on the date stated above, at 10:30 pm

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

	Date of onset
Cerebral hemorrhage	
Left side	

Other contributory causes of importance:

Arteriosclerosis

Chronic interstitual nephritis

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) M. C. Bowman, M. D.

(Address) Neosho, Missouri