

NOV 16 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 Cape Girardeau
City Cape Girardeau (No. 607)

Registration District No. 125
Primary Registration District No. 2009

File No. 37330
Registered No. 316
St. _____ Ward _____

2. FULL NAME

Mrs. Mary Belle 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>J</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>Ed Lewis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 11 - 1889</u>		
7. AGE YEARS <u>35</u>	MONTHS <u>4</u>	DAYS <u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>		
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) <u>Missouri</u>		
13. NAME <u>Jim Lewis</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
15. MAIDEN NAME <u>Winters</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
17. INFORMANT (ADDRESS) <u>Ed Lewis</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cape Girardeau</u> DATE <u>Oct 3 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Opus A. Hawell</u> <u>Cape Girardeau</u>		
20. FILED <u>10-1-37</u> <u>J. M. Thompson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1st, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/10, 1937, to 10/11, 1937.
I last saw her alive on Oct 1st, 1937. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Coronary Arteriosclerosis
Valvular Stenosis

Other contributory causes of importance:
none

Name of operation none 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) O. H. ..., M. D.
(Address) 709 ...

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

16
6

2
2
31

2
1

... the ... of ...

... the ... of ...