

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

DEC 20 1937

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

Do not use this space.

40186

1. PLACE OF DEATH

County Jackson
Township Kear
City St. Joe

Registration District No. 399
Primary Registration District No. 1097

File No. _____
Registered No. 4500
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. Oscar Lewis
(Usual place of abode) Lansburg, Kans. St. Ward. _____

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carrie Lewis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 11 28

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

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) Lansburg, Kans.

13. NAME Thomas Lewis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burwick, Ill.

15. MAIDEN NAME Bilph Mayford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burwick, Ill.

17. INFORMANT (ADDRESS) Edgar Wortham
Lansburg, Kans.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lansburg, Kans. DATE _____ 19

19. UNDERTAKER (ADDRESS) Ward B. Runyan
Lansburg, Kans.

20. FILED Nov. 8, 1937 W. M. Orlove
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____

I last saw h. Post Mortem Exam Only Death is said to have occurred on the date stated above, at 2:30 P. M. Nov 8 1937

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

Carcinoma of the Head of the Pancreas Date of onset 6 mo

Other contributory causes of importance: 46
Cachexia 400 Strokes

Secondary Hemorrhage 16 wk

Name of operation _____ Date of _____
What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

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? No
If so, specify _____

(Signed) Edgar Wortham, M. D.
(Address) St. Luke Hospital

