

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

Do not use this space.

1377

1. PLACE OF DEATH

County Jefferson Registration District No. 399
Township Yan Primary Registration District No. 1002
City Kansas City (No. 2 C Gen Hosp)

File No. _____
Registered No. 65
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 20208 Jefferson Ward _____

(Usual place of abode) _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2/1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hra. ormin.
	<u>67</u>	<u>10</u>	<u>2</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor
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) mo

MOTHER 13. NAME Francis Sires

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

15. MAIDEN NAME Ellen Price

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

17. INFORMANT (ADDRESS) De wald Clark 2 C Gen Hosp KCMo

18. BURIAL, CREMATION, OR REMOVAL PLACE Chmwood Cem DATE Jan 6 1938

19. UNDERTAKER (ADDRESS) A. P. DeWalt 1415 E 15

20. FILED Jan 5 1938 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 29 1937, to Jan 4 1938

I last saw him alive on Jan 4 1938. Death is said to have occurred on the date stated above, at 7:40 a.m.

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

Carcinoma of Prostate
Gangrenous Cystitis with Ascending Pyelonephritis

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____ (Signed) A. P. DeWalt M. D.
(Address) 2 C Gen Hosp KCMo

RECEIVED

FEB 19 1938

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MO. STATE BOARD OF HEALTH