

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

Do not use this space.

1957

1. PLACE OF DEATH

County Bates

Registration District No. 53

File No. _____

Township _____

Primary Registration District No. 3005

Registered No. 49

City Rich Hill Mo. No. _____

St. _____ Ward _____

2. FULL NAME James Harvey Lewman 550

(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 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) _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr-26-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 8 25

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

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) Illinois

13. NAME Thomas R. Lewman

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

15. MAIDEN NAME Mary E. Waples

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

17. INFORMANT W. R. Lewman (ADDRESS) Harrisonville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenhawn DATE Jan-23-1938

19. UNDERTAKER Paul G. Beasley (ADDRESS) Rich Hill Mo.

20. FILED Jan 29 1938

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from June 25 1938 to June 21 1938

I last saw him alive on Jan 19 1938 Death is said to have occurred on the date stated above, at 6 p.m.

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

Debris Renal Vasculat
Obstruct

Other contributory causes of importance: 131

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did the injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury FEB 21 1938

Nature of injury _____

24. Was there any injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) James J. Allen, M. D.

(Address) Rich Hill Mo

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.

