

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

3582
 Do not use this space.

1. PLACE OF DEATH

(a) County Nodaway Registration District No. 219
 (b) Township Atchison Primary Registration District No. 5821 Registered No. 2
 (c) City Clearmont (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Eldora Delitha Lewis 200

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from 2/2 1938, to 2/2 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 26, 1869

I last saw him alive on 2/2 1938. Death is said

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 68 5 6

to have occurred on the date stated above, at _____ m.

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Date of onset 2/2/38

Coronary Occlusion
chr M. go carditis
Coronary Spasm

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) Darlington, (STATE OR COUNTRY) Ind.

13. NAME Gabriel Beckwith,
 14. BIRTHPLACE (CITY OR TOWN) Ky. (STATE OR COUNTRY)

15. MAIDEN NAME Sarah Tribbett
 16. BIRTHPLACE (CITY OR TOWN) Ind. (STATE OR COUNTRY)

17. INFORMANT Earl Lewis, (ADDRESS) Casper, Wyo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clearmont, Mo. DATE Feb. 7, 1938

19. FUNERAL DIRECTOR Price Funeral Home (ADDRESS) Maryville, Mo.

20. FILED 2-9 1938 J. B. Humphrey Legal Registrar

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 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) B. L. Ryland, M. D.
Paul Jones (Address) _____

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, John W. Price, Licensed Embalmer No. 3229

hereby certify that the body recorded on the reverse side of this certificate was embalmed by John W. Price

L. E.
No. 3229 or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed

John W. Price

Licensed Embalmer No. 3229

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)