REC'D MAR 14 1938

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

6082
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan, / Registration District No. 85
(b) Township / Primary Registration District No. 1001 Registered No. 157
(c) City St. Joseph, (d) Street No. Missouri Methodist Hospital, St.
(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 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Clay Lewis, 200
(a) Residence, No. 323 Beaver Str. So. St. Joseph, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 10, 1864

7. AGE: Years 73 | Months 9 | Days 26 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Laborer,
9. Industry or business in which work was done, as saw mill, bank, etc.: General
10. Date deceased last worked at this occupation (month and year): February 1938
11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Helena, Missouri, 0

FATHER
13. NAME: Samuel Lewis, 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown, 5

MOTHER
15. MAIDEN NAME: Cynthia McCarthy,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Ireland,

17. INFORMANT (ADDRESS): Mrs. Susie Pendergast, Hathaway, Kansas

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Mora Cem. DATE Feb'y 8th 1938

19. FUNERAL DIRECTOR (ADDRESS): Heaton Bergold, Bowman, 319 So. 10th. Street, Funeral Home

20. FILED 2-8, 1938 H. J. Nettlebush
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feby. 6th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1938, to Feb. 6, 1938
I last saw him alive on Feb. 6, 1938. Death is said to have occurred on the date stated above, at 6:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/3/38
Lobar Pneumonia	
108	

Other contributory causes of importance:

Name of operation: none Date of
What test confirmed diagnosis? Clinical 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) Albert H. Muench, M. D.
(Address) 215 P. & S. Bldg. St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, W. E. Summerville Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself. 2/6/38

L. E. —

No. — or by — Registered Apprentice No. —

working under my personal supervision.

Signed W. E. Summerville

Licensed Embalmer No. 3007

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