

REC'D MAR 15 1938

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

Do not use this space.

6305

## 1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125  
 Township Cape Girardeau Primary Registration District No. 3009  
 City Cape Girardeau (No. 13) St. Mo. Ward 43

## 2. FULL NAME

Agustina Lopez 2109  
 (a) Residence, No. 409 Exchange St. Mo. Ward 43  
 (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 male 4. COLOR OR RACE col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 5 - 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
32 10 27

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2000

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) Cape Girardeau Mo.13. NAME Henry Lewis14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee15. MAIDEN NAME Robert Brown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo.17. INFORMANT (ADDRESS) W. J. Sparks 409 Exchange St.18. BURIAL, CREMATION, OR REMOVAL PLACE Farmington DATE Feb 5 193819. UNDERTAKER (ADDRESS) W. J. Sparks 409 Exchange St.20. FILED 2-2-38 W. J. Sparks Registrar

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw him ..... alive on ..... 19..... Death is said

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

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

D. E. P. Drickey, Coroner of Cape Girardeau, Mo. advised in the coroner's report that the deceased, Robert Lewis, came to his death by a heart attack.

Other contributory causes of importance:

Robert Lewis died at the sales barn of W. J. Sparks while employed by W. J. Sparks.

Name of operation W. J. Sparks, M.D. Date of 3/2/38What 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? .....

If so, specify

(Signed) D. E. P. Drickey, Coroner, M.D.(Address) H. A. Pacific St. Cape Girardeau

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.

