

REC'D JUL 14 1938

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

Do not use this space.

1. PLACE OF DEATH

County Adair
Township.....
City Kirksville (No.)

Registration District No. 4
Primary Registration District No. 3001

File No. 21189
Registered No. 98
St. Ward)

2. FULL NAME Mrs. G. E. Lewis

(a) Residence, No. 207 E. Filmore St. Ward.
(Usual place of abode)

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. (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3, 1870

7. AGE YEARS 68 MONTHS 11 DAYS 18
If LESS than 1 day, hrs. or min.

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

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) June 15, 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Madisonville (STATE OR COUNTRY) Mo.

13. NAME Jacob Brown

14. BIRTHPLACE (CITY OR TOWN) York (STATE OR COUNTRY) Pa.

15. MAIDEN NAME Lucinda Linn

16. BIRTHPLACE (CITY OR TOWN) not known (STATE OR COUNTRY) Iowa

17. INFORMANT Chelsey E. Brown (ADDRESS) Memphis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hunnewell, Mo. DATE June 17, 1938

19. UNDERTAKER Davis Funeral Home (ADDRESS) Kirksville, Mo.

20. FILED June 17, 1938 Spencer L. Freeman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1934 to June 15, 1938

I last saw her alive on June 15, 1938 Death is said

to have occurred on the date stated above, at 3 pm

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

Acute Cardiac Dilatation Instant Death
93C
Other contributory causes of importance:
Myocardial Degeneration
Chronic Gastritis

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?.....

If so, specify..... (Signed) Ray M. Hoyle M. D.

(Address) Kirksville 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.

THE UNIVERSITY OF CHICAGO
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FILL IN ANSWERS TO ALL SPACES
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MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

21189
Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 4
 (b) Township _____ Primary Registration District No. 3001 Registered No. _____
 (c) City Hicksville (d) Street No. Josie 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 _____ (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Josie E. Leurs (Josie)

(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 fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10 - 1938

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-3-1870

I last saw h... 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:

7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min. 67 11 12

Other contributory causes of importance:

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

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19...

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Aug 16, 1938 Spencer L. Freeman Local Registrar

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

If so, specify (Signed) Roy M. Way M. D.

(Address) Hicksville

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
 PHYSICIANS SHOULD STATE EXACTLY SUPPLIED. DO NOT SIGN BE STATE EXCEPT. PHYSICIANS SHOULD STATE

SUPPLEMENTARY

