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.

AUG 23 1938

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

Do not use this space.

File No. 24661

Registered No.

1. PLACE OF DEATH
County: Bates
Township: West Point
City: (No. , St. Ward)

Registration District No. 49
Primary Registration District No. 5073

2. FULL NAME: William R. Lewis

(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: 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: Elsie Lewis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 5, 1872

7. AGE: YEARS 65 | MONTHS II | DAYS II | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Culpepper Va.

FATHER
13. NAME: William Wallace Lewis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va.

MOTHER
15. MAIDEN NAME: Mary Jefferies
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va.

17. INFORMANT (ADDRESS): Mrs Marguerite Bowman Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: West Point DATE: 7-18-38, 19

19. UNDERTAKER (ADDRESS): Archer & Mangold Amsterdam Mo.

20. FILED: Aug 4, 1938 Grace L Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1934 to July 16, 1938
I last saw him alive on July 16, 1938. Death is said to have occurred on the date stated above, at 9 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Recurrent Cerebral Hemorrhage	8/27-34
5 yr	

Other contributory causes of importance: Diabetes Mellitus

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) Basil C. Hartwell, M. D.
(Address) Drexel, Mo