

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

25778

Do not use this space.

REC'D AUG 25 1938

1. PLACE OF DEATH

(a) County Lewis Registration District No. 470
 (b) Township W. Vernon Primary Registration District No. 5633 Registered No. 81
 (c) City W. Vernon (d) Street No. Mo. State Sanatorium 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Madisonville Mo. 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

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30 1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 5 12

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

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

FATHER 13. NAME L. A. Lewis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis, Tenn.

MOTHER 15. MAIDEN NAME Ella Nash

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

17. INFORMANT (ADDRESS) Reuben Lewis

18. BURIAL, CREMATION, OR REMOVAL PLACE Poplar Bluff Mo. DATE July 12 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chapman & Co. Poplar Bluff Mo.

20. FILED July 12 1938 P. A. Holmes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 1938

22. I HEREBY CERTIFY That I attended deceased from June 6 1938 to July 11 1938

I last saw him alive on July 10 1938 Death is said to have occurred on the date stated above, at 1:15 A. M.

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

Pulmonary Tuberculosis far advanced
73 W
 Date of onset March 1938

Other contributory causes of importance:

Name of operation Cloned Date of -

What test confirmed diagnosis? Cloned 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 -

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) P. A. Holmes M. D.

(Address) Mo 53 W. Vernon 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

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

If this body is not embalmed, above space should be left blank.