REC NOV 15 1938

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

Do not use this space.

35208

File No. 8

Registered No. 8

1. PLACE OF DEATH

County: Buchanan

Township: Marion

City: (No. 3 Miles West of Easton, Mo. St. Ward)

Registration District No. 82

Primary Registration District No. 5122

2. FULL NAME: William Thomas Lewis

(a) Residence, No. 207 St., Ward. Easton, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 2 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 15, 1868.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	70	2	12	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year): 1905.

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buchanan County Missouri. 0

FATHER

13. NAME: Robert Lewis 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown 9

MOTHER

15. MAIDEN NAME: Elizabeth Marker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): Mrs. Ida M. Lewis Easton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Blakely Cemetery, East of St. Joseph, Mo. DATE: Oct. 29, 1938

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden and Son 1802 Union Str. St. Joseph, Mo.

20. FILED 11/10, 1938 Dr. Bigham MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): October 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from on Oct 27, 1938, to Oct 27, 1938

I last saw him alive on Oct 27, 1938. Death is said to have occurred on the date stated above, at 4:00 P.M.

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

	Date of onset
Angina Pectoris	
9 yrs	
Other contributory causes of importance: Arteio Sclerosis	

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: —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify:

(Signed) G. F. Kimbrell, M. D.

(Address) Easton Mo

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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, Robert P.Clarkson, Licensed Embalmer No. 4028

hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by My-self

or by ****, Registered Apprentice No. ****

(Signed) Robert P. Clarkson

Licensed Embalmer No. 4028

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