

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

39846
Do not use this space.

1. PLACE OF DEATH **REC'D DEC 1 1938**
 (a) County Monroe Registration District No. 580
 (b) Township Union Primary Registration District No. 577
 (c) City _____ (d) Street No. _____ Registered No. _____
 (e) Length of residence in city or town where death occurred _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Leata Lewis
 (a) Residence, No. Madison Mo. R.F.D. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. - 28 - 1938

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hra. ormin.
	—	1	28	

OCCUPATION

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. Child

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) Moberly Mo.

FATHER

13. NAME Eugene Daly

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moberly Mo.

MOTHER

15. MAIDEN NAME Genevra Lewis

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

17. INFORMANT (ADDRESS) Genevra Lewis
Madison Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Fairview Cemetery DATE Nov - 26 - 1938

19. FUNERAL DIRECTOR (ADDRESS) Snow Funeral Home
Moberly Mo.

20. FILED 11/27 1938 Madison Mo. R.F.D.
Local Registrar. 512

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov - 25 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 20 1938 to Nov 25 1938
 I last saw her alive on Nov 24 1938. Death is said to have occurred on the date stated above, at 11 a.m.
 The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia Date of onset 11/19/38

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Chest x-ray 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) C. Smith M. D.
Moberly Mo
 (Address) _____

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.

107a

RECEIVED

District Health Officer's Office

District File No.

10-38-709

Date Filed

12-16-38

STATEMENT BY LICENSED EMBALMER

I, Thomas G. Barnes, Licensed Embalmer No. 2414

hereby certify that the body recorded on the reverse side of this certificate was embalmed by my self

L. E.

No. _____ or by R. M. Cator, Registered Apprentice No. 185

working under my personal supervision.

Signed Thomas G. Barnes

Licensed Embalmer No. 2414

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

39846
Do not use this space.

1. PLACE OF DEATH

(a) County Monroe Registration District No. 580
 (b) Township Union Primary Registration District No. 5777
 (c) City (d) Street No. 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 Mary Leota Lewis

(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

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 28

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

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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 1934 Ethel Wheeler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25 1938

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

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:

Bronchial Pneumonia Date of onset Nov 1/38

Other contributory causes of importance:

None

Name of operation Date of

What test confirmed diagnosis? Clin. Signs Was there an autopsy? Yes

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) A. C. Smith, M. D.

(Address) Moherly, Mo.

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

