

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

REC'D MAR 20 1939

6850
 Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township Jasper Primary Registration District No. 2002 Registered No. _____
 (c) City Jasper (d) Street No. 503 Junk 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: 52 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alfred Mathew Lewiset

(a) Residence, No. 503 Junk 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 18 1865

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
<u>73</u>	<u>2</u>	<u>25</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Builder/ Maker

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) Russell Ind

FATHER 13. NAME Joseph Lewiset

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

MOTHER 15. MAIDEN NAME Mary Gray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) So Carolina

17. INFORMANT Della Lewiset (ADDRESS) Jasper

18. BURIAL, CREMATION, OR REMOVAL PLACE Jasper DATE 2/14

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Anderson Funeral Home Joplin Mo

20. FILED 2-13-39 1939 Jasper Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1939 to Feb 12 1939
 I last saw him alive on Feb 12 1939. Death is said to have occurred on the date stated above, at 3:49 m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach ✓
 Date of onset _____

Other contributory causes of importance: 46

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? _____
 If so, specify _____
 (Signed) W. P. Joseph, M. D.
 (Address) Joplin, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-623

Date Filed MAR 11 1939

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, _____

J. T. Anderson

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

J. T. Anderson

Licensed Embalmer No. 2142

P. O. Address Joplin, Mo

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.