GEO APR 13 1939

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

10748
Do not use this space.

1. PLACE OF DEATH
(a) County Franklin 2 Registration District No. 2193
(b) Township Calvary Primary Registration District No. 5416 Registered No.
(c) or City Robertsville 1 (d) Street No. Box #204 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 623 Joseph Lewright
(g) Residence, No. Box #204, Robertsville, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 1, 1876

7. AGE: Years 62 Months 7 Days 15 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Maintainance
9. Industry or business in which work was done, as saw mill, bank, etc. Man
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) Boles Township Missouri

FATHER
13. NAME Jimmy Lewright
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable "

MOTHER
15. MAIDEN NAME Martha---Unk.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable "

17. INFORMANT Lessie Lewright
(ADDRESS) Box #204

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Calvary DATE Mar. 19, 39

19. FUNERAL DIRECTOR (NAME) Charles J. Gates
(ADDRESS) 4107-09 Finney Avenue

20. FILED 3 19 1939 Mary B. Gross
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17th 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan-15, 1939, to March-15, 1939
I last saw him alive on March 17th, 1939. Death is said to have occurred on the date stated above, at 4:40 m. p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	?
Other contributory causes of importance: 51	
Acute Nephritis	3/8/39

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) K. H. [illegible], M. D.
(Address) St. Clair, Missouri

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-9-1-38 1 X16605

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 James A. Johnson, Registered Apprentice No. ....., working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney

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.