

023<sup>d</sup> JUN 24 1939

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

19835  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 775  
(b) Township Peoria Primary Registration District No. 6020-A Registered No. 36  
(c) City Bonne Terre Hospital (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 Mrs. Mary Elizabeth Lewis

(a) Residence, No. Farminaton 190 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Lewis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 6, 1863</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>1</u>
	DAYS <u>6</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housework</u>	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Terry Co., Mo.</u>		
FATHER	13. NAME <u>Wm. E. Miller</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Catherine Hahn</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Terry Co., Mo.</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Anna Watts, 15 Centralia, Ill</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Litchville</u> DATE <u>5/9 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Neednot Used Co., Farmington, Mo.</u>		
20. FILED <u>May 10 1939</u> <u>H. W. Hawkins</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1939, to May 7, 1939  
I last saw him alive on May 7, 1939. Death is said to have occurred on the date stated above, at 10:20 P. M.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Apoplexy  
Acute Gall-Bladder Disease  
Other contributory causes of importance:  
J. H.

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) Geo. H. Watkins, M. D.  
1939 (Address) Farmington 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.

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**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.**