

JUL 13 1939

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

21525
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 71
 (b) Township Cedar Primary Registration District No. 4440
 or City 5110A (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred _____ yrs. mos. da. (f) How long in U.S., if of foreign birth? _____ yrs. mos. da.

2. PRINT FULL NAME Charles Edward 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10 1863

7. AGE YEARS 75 MONTHS 9 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

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) Missouri

FATHER 13. NAME Clonza Lewis 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER 15. MAIDEN NAME Melba Wallace 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Dora Watson
Sidalea Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Nashville DATE June 26 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arthur W. Pratt
Arkland Mo

20. FILED July 8 1939 Frances Nichols Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24 1939

22. I HEREBY CERTIFY That I attended deceased from June 24 1939 to June 24 1939
 I last saw him alive on June 24 1939 Death is said to have occurred on the date stated above, at 12:25 p.m.
 The principal cause of death and related causes of importance were as follows:
Coronary Arteriosclerosis Date of onset _____

Other contributory causes of importance: 946

Name of operation _____ 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) H. B. Fryer, M. D.
Arkland Mo (Address)

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.

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.....

Wm L Burnett

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Wm L Burnett*

Licensed Embalmer No. *3564*

P. O. Address *Ashland 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.