

AUG 14 1939

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

26724

Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 773
(b) Township St. Francois Primary Registration District No. 6018A
(c) City Near Farmington or (d) Street No. State Hospital No. 4 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 Jas. T. Lewis

(a) Residence, No. Lastervilla, Mo. 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-8-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 4. 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Jefferson County Missouri

13. NAME James Lewis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co. Missouri

15. MAIDEN NAME Emaline Sullers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT Records of State Hospital No. 4 (ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lastervilla, Mo. DATE July 7, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. J. Robinson

20. FILED July 23, 1939 B. J. Robinson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-5 19 39

22. I HEREBY CERTIFY, That I attended deceased from 3-2 19 36, to 7-5 19 39

I last saw him alive on 7-5 19 39. Death is said to have occurred on the date stated above, at 8:10 p.m.
The principal cause of death and related causes of importance were as follows:

Senility - Terminal
Psychotic exhaustion.

Date of onset

Other contributory causes of importance:

Hypertensive heart disease.
General arteriosclerosis.

Name of operation..... Date of.....
What test confirmed diagnosis? Clin. & Lab 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..... None
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) G. Tivis Graves, M. D.
699 (Address)..... Farmington, Mo.

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.....

Arnell J. White

..... Licensed Embalmer No.

3012

P. O. Address.....

South Free

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.