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.

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

Do not use this space.

REC'D SEP 13 1939

47 1. PLACE OF DEATH

County Iron

Township Arcadia

City Ironton (No. St Mary's Hospital St. Ward)

Registration District No. 391

Primary Registration District No. 4230

File No. 29306

Registered No. 54.

2. FULL NAME Robert Lee Lewis

(a) Residence, No. Chloride Mo. St., Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23, 1922

7. AGE: YEARS 17 MONTHS 4 DAYS 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, 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) Glover Missouri

FATHER

13. NAME Tony Lee Lewis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sabula Missouri

MOTHER

15. MAIDEN NAME Nannie Dunn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glover Missouri

17. INFORMANT (ADDRESS) Nannie Lewis Chloride, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Chloride Mo. DATE Aug 29, 1939

19. UNDERTAKER (ADDRESS) Norman White & Sons Ironton, Mo.

20. FILED Sept 2nd, 1939 R. A. Rasche Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from 6/11, 1939, to 8/27, 1939

I last saw him alive on 8/27, 1939. Death is said to have occurred on the date stated above, at 5:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	8/26/39
Other contributory causes of importance: Chronic Osteo-myelitis (Left knee, Tibia and Femur)	6/1/39.

1070

Name of operation Incision and drainage of Left leg, Date of 6/12/39.

What test confirmed diagnosis? 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) R. E. Harland, M. D.

353 (Address) Ironton, Mo.