

REC'D SEP 15 1939

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

Do not use this space.

29967

## 1. PLACE OF DEATH

County

Township

City

(No.)

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

## 2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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 female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

7. DATE OF BIRTH (MONTH, DAY, AND YEAR)

YEARS

37

MONTHS

6

DAYS

22

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Housewife

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)

Lincoln Co. Mo.

13. NAME

James Lewis

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

Lincoln Co. Mo.

15. MAIDEN NAME

Mary Scott

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

Lincoln Co. Mo.

17. INFORMANT (ADDRESS)

Prine Lewis

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Bradshaw

DATE

Aug 24 1939

19. UNDERTAKER (ADDRESS)

Gooch Hardware Co. Eolia Mo.

20. FILED

Aug 24 1939 B. M. Gooch Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 16 1939

22. I HEREBY CERTIFY, That I attended deceased from

on August 15 1939, to August 16 1939

I last saw him alive on August 15 1939. Death is said

to have occurred on the date stated above, at 5:00 A. m.

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

General Spastic Paralysis due to cerebral pathology  
Unable to state definitely without Post-mortem

Date of onset

July 1938

Other contributory causes of importance:

Hypostatic Pneumonia 8/2-39

Name of operation

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

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) J. B. Hoeger, M. D.

618 (Address) Whiteville 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.

RECEIVED

District Health Officer No. 10

District File Number 9-39-1551

Date Filed SEP 7 1939



