OCT 9 1939

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

31830
Do not use this space.

1. PLACE OF DEATH
(a) County: Boone
(b) Township or (c) City: Columbia
Registration District No.: 73
Primary Registration District No.: 3006
Registered No.: 185
(d) Street No.: Boone County Hospital 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: REUBEN LEWIS
(a) Residence, No.: 8 So. 2nd St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mildred Lewis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 6-6-1895
7. AGE: Years 44 Months 3 Days 2 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Labor
9. Industry or business in which work was done, as saw mill, bank, etc.: Rail road
10. Date deceased last worked at this occupation (month and year): August 1939
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone County Missouri

FATHER
13. NAME: John Lewis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone Co. Missouri

MOTHER
15. MAIDEN NAME: Fannie Hatton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone Co. Missouri

17. INFORMANT (ADDRESS): Mildred Lewis Columbia Missouri
18. BURIAL, CREMATION, OR REMOVAL PLACE: Columbia Cemetery DATE: 9-11-39
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Stan D. Parker Columbia, Missouri
20. FILED: 9/11/39 Allie Selby Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9/8/1939
22. I HEREBY CERTIFY, That I attended deceased from 9/1/1939 to 9/8/1939
I last saw him alive on 9/8/1939. Death is said to have occurred on the date stated above, at 12:48 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| General Peritonitis (Ileus Adynamic) | |
| 117.0 | |
| Other contributory causes of importance: Perforated Ulcer of Duodenum | |

Name of operation: Exploratory Laparotomy Date: 9/7/39
What test confirmed diagnosis: Autopsy 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) Frank G. Lyons M. D.
(Address) 14 16 S. 8th Columbia Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

FEB 14 1947

DEC 31 1948

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 Stuart D. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**