

NOV 9 1939

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

36953  
Do not use this space.

1. PLACE OF DEATH  
(a) County Pulaski Registration District No. \_\_\_\_\_  
(b) Township Lincoln Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(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 200 Zelzah Frances Lewis  
(a) Residence, No. \_\_\_\_\_ St.  \_\_\_\_\_ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
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 Henry Lewis  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10 - 1876  
7. AGE YEARS 63 MONTHS 6 DAYS 15 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc. Housework  
10. Date deceased last worked at this occupation (month and year) Jan 1939  
11. Total time (years) spent in this occupation 38  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pulaski Co Missouri  
13. NAME John Wesley McLeung  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa  
15. MAIDEN NAME Mahala Edwards  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa  
17. INFORMANT H M Lewis  
(ADDRESS) Unionville Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Merodota Mo DATE Sept 26 39  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Conatoh Meaco Unionville Mo  
20. FILED Oct 1 1939 Joie D McKelley Deputy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 25 1939  
22. I HEREBY CERTIFY, That I attended deceased from June 1939 to Sept 25 1939  
I last saw her alive on Sept 23 1939. Death is said to have occurred on the date stated above, at 5 a.m.  
The principal cause of death and related causes of importance were as follows:  
Diabetes Mellitus  
& Coronary atherosclerosis  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: 54  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Chol. 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) P. H. Hunt, M. D.  
(Address) Coatsville Mo

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.

86

RECEIVED

District Health Officer No. 10

District File Number 11-39-1868

Date Filed NOV 5 1939

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 James W. Comstock

Registered Apprentice No. 132....., working under my personal supervision.

Signed John N. Comstock  
Licensed Embalmer No. 3891

P. O. Address Unionville, 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.**