

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

Do not use this space.

40635

1. PLACE OF DEATH

County Ray
Township Ray
City Lawsan (No. _____)

Registration District No. 742
Primary Registration District No. 5977e

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Maggie Jane Lewis

(a) Residence, No. _____ 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25 1881

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
57 10 19

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) Lawsan Mo.

MOTHER 13. NAME B. J. Adams

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

15. MAIDEN NAME Bell Blair

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

17. INFORMANT (ADDRESS) H. R. Adams

18. BURIAL, CREMATION, OR REMOVAL PLACE Lawsan DATE Nov. 17 1939

19. UNDERTAKER (ADDRESS) Richard Jarman

20. FILED Nov. 16, 1939 Edwin Chouse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14th 1939

22. I HEREBY CERTIFY, That I attended deceased from was called to see deceased on above date but she was dead when I reached her.
I last saw her alive Death is said to have occurred on the date stated above, at 2:15 p. m.

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

cardiac failure
I was unable to get any relief of a few days before attack. Her pulse was dead when I arrived at place of death.
Other contributory causes of importance: _____

Name of operation _____ Date of _____
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? No 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) Edwin Chouse, M. D.
(Address) Lawsan, 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.

DEC 21 1939

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RECEIVED
FEDERAL BUREAU OF INVESTIGATION
OFFICE NO. 8
DATE FILED
1/20/37
DATE FILED