

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

Do not use this space.

44064

1. PLACE OF DEATH
 County Mississippi Registration District No. 576
 Township Tywapcity Primary Registration District No. 5762
 City Charleston (No. 1) St. _____ Ward _____

2. FULL NAME James K. Lewton
 (a) Residence, No. Charleston, R#2 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.

File No. _____
 Registered No. 137
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7, 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	75	8	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
 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) Hines County Mississippi

13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Richard Coleman
 (ADDRESS) R#2 Charleston, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Thompson Bend Cemetery DATE 12/19, 1939

19. UNDERTAKER Lair-Nunnelee Funeral Serv
 (ADDRESS) Charleston, Missouri

20. FILED 12-19- 1939 J. A. Vernon
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/19, 1939

22. I HEREBY CERTIFY, That I attended/deceased from about Oct 10, 1939, to Dec 11, 1939
 I last saw him alive on Nov 15, 1939 Death is said to have occurred on the date stated above, at _____
 The principal cause of death and related causes of importance were as follows:
Mitral Insufficiency Date of onset _____

Other contributory causes of importance:
Senility + Hypertension

Name of operation _____ Date of _____
 What test confirmed diagnosis? Cl. Sy. h.p.t. 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) Frank A. Brown M. D.
745 (Address) Charleston 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.

MARGIN RESERVED FOR BINDING

RECEIVED

District Health Officer No. 2x

District File Number 140-1662

Date Filed 1-9