

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

3285  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Pemiscot Registration District No. 653  
 (b) Township Byzard Primary Registration District No. 5871 Registered No. 115  
 (c) City Gabler or G (d) Street No. \_\_\_\_\_ 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. da. (f) How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. da.

**2. PRINT FULL NAME** Meredith E. Lewis

(a) Residence, No. Gabler, Mo St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ellen Lewis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 10, 1879</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>75</u>	DAYS <u>25</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farming</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Farm</u>	
	10. Date deceased last worked at this occupation (month and year) <u>6-1-39</u>	
11. Total time (years) spent in this occupation <u>42 yr</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mendenhall Simpson Co., MISSISSIPPI</u>		
FATHER	13. NAME <u>Isaac Lewis</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>D.K. 29</u>	
MOTHER	15. MAIDEN NAME <u>Jennie Taylor</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>D.K. ?</u>	
17. INFORMANT (ADDRESS) <u>John Lewis Gabler Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wilson, Ark. 1-7-40</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Luadaluwa Kennett, Mo</u>		
20. FILED <u>1/7</u> 19 <u>40</u> <u>Pearl Kelley</u> Local Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-5-1940

22. I HEREBY CERTIFY, That I attended deceased from 1-2-1940 to 1-2-1940  
 I last saw h.l.a. alive on 1-2-1940. Death is said to have occurred on the date stated above, at 1:00 p.m.  
 The principal cause of death and related causes of importance were as follows:

① Cerebral hemorrhage  
 ② Generalized arteriosclerosis  
 ③ Hypertensive - Cardio - Vascular - renal disease & decompensated heart

Date of onset 12-27-39

Other contributory causes of importance:  
191

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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? Y  
 If so, specify \_\_\_\_\_  
 (Signed) E. L. Taylor, M. D.  
 (Address) Stale, 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.

22 1940

1 X 16005

RECEIVED

District Health Officer No. 3,

District File Number 140-79

Date Filed 1/18/40

---

---

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 [Signature]

Licensed Embalmer No. 2556-

P. O. Address.....

**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.**