

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.

FILLED JUN 20 1941

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

Do not use this space.

19160
4

1. PLACE OF DEATH

County Scotland
Township Sand Hill
City _____

Registration District No. 811
Primary Registration District No. 6059

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

2. FULL NAME

William Edgar Lewis
(a) Residence, No. _____
(Usual place of abode) Rutledge St. Mo. Ward _____

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Martha Lewis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-8-1864

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, _____ hrs. or _____ min. |
|--------|-----------|----------|-----------|--|
| | <u>77</u> | <u>2</u> | <u>15</u> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Indiana

13. NAME Richard Lewis

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

15. MAIDEN NAME Hannah LaJorge

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

17. INFORMANT (ADDRESS) Martha Lewis

18. BURIAL, CREMATION, OR REMOVAL PLACE Sandhill DATE 5/25/41

19. UNDERTAKER (ADDRESS) Guth & Baskett
Gorin, Mo.

20. FILED May 27 1941 Mary Lee Hume Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/23 1941

22. I HEREBY CERTIFY, That I attended deceased from 5/21, 1941, to 5/23, 1941. I last saw him alive on 5/23, 1941. Death is said to have occurred on the date stated above, at 1/30 P. M.

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

Cerebral Hemorrhage
Arterio-Sclerosis
Date of onset _____

Other contributory causes of importance: _____

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 _____, 1941

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) C. S. Dennis M.D.

Address Rutledge Mo.

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RECEIVED

District Health Officer, No. 10

District File Number 6-41-1134

Filed JUN 18 1941

JUL 22 1953

I hereby certify that I
embalmed the body of William
Elyas Peters

Wm. E. Peters
Jesse W. Peters

Peter #1817

William Elyas Peters