

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

19853  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Caldwell Registration District No. 94 93  
 (b) Township Davis, Braymer Primary Registration District No. 5138  
 (c) City Braymer (d) Street No. 1 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 10 yrs. mos. 4 ds. 1 (f) How long in U. S., if of foreign birth? yrs. ✓ mos. ✓ ds.

**2. PRINT FULL NAME** Ila May Lewis,

(a) Residence, No. Davis Township-Caldwell County, (Usual place of abode, if no street address, write county or city)  (If nonresident, give city or town and State) ✓

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. ~~Single~~ MARRIED, Married  
 (write the word)

5A. IF MARRIED Wm. G. Lewis,  
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan.-23rd.-1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
52 3 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife.  
 9. Industry or business in which work was done, as saw mill, bank, etc. House Work.  
 10. Date deceased last worked at this occupation (month and year) April-26-1942. 11. Total time (years) spent in this occupation. 45-yrs.

12. BIRTHPLACE (CITY OR TOWN) Livingston County,  
 (STATE OR COUNTRY) Missouri.

13. NAME Eli Lundy,

14. BIRTHPLACE (CITY OR TOWN) Canada.  
 (STATE OR COUNTRY) 2

15. MAIDEN NAME Elizabeth Culling,

16. BIRTHPLACE (CITY OR TOWN) England,  
 (STATE OR COUNTRY) 4

17. INFORMANT (ADDRESS) W. G. Lewis,  
Braymer, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Evergreen Cemetery-May-1st-1942

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. P. Michael  
Braymer, Mo.

20. FILED May 8 19 1942 E. A. Thompson  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr-27-1942

22. I HEREBY CERTIFY, That I attended deceased from April-27-1942 to April-27-1942  
 I last saw her alive on Apr-27-1942. Death is said to have occurred on the date stated above, at 8:45 a.m.  
 The principal cause of death and related causes of importance were as follows:

Over dose of Headache tablets (Aspirin) Apr-27-42  
179X  
 Other contributory causes of importance: 13 Migraine attacks over several years

Name of operation None Date of Jan  
 What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence) fill in also the following:  
 Accident, suicide, or homicide. See days Date of injury Apr 27 1942  
 Where did injury occur? Home (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Home  
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify Arterial B. Thrombosis  
 (Address) Braymer 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.

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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 \_\_\_\_\_

*E. P. Michael*

Licensed Embalmer No. **1363**

P. O. Address **Braymer, 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.**