

DEC 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Henry  
Township Osage  
City Osage

Registration District No. 345  
Primary Registration District No. 3450

File No. 45502  
Registered No. 281  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

David Delzie 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 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 Mrs. Nauvile Lewis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
67 10 24

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 25

10. Date deceased last worked at this occupation (month and year) June 8 11. Total time (years) spent in the occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warsaw, Mo.

13. NAME Charlie Lee Lewis

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

15. MAIDEN NAME Josephine Biglar

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warsaw, Mo.

17. INFORMANT Mrs. Nauvile Lewis  
(ADDRESS) Deepwater, Mo., R.R.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maplewood DATE Dec 11, 1937

19. UNDERTAKER Tom Hurst  
(ADDRESS) Deepwater, Mo.

20. FILED Dec 11, 1937 C. D. Taylor, M.D.  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1937 to Dec 10, 1937  
I last saw him alive on Dec 9, 1937. Death is said to have occurred on the date stated above, at 15: A m.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Dec. 5-37

Other contributory causes of importance: Chronic Parenchymatous Nephritis

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) C. D. Taylor M. D.  
(Address) Bronington, Mo.

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.

