

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

22108

1. PLACE OF DEATH

County Callaway Registration District No. 104  
Township Fulton Primary Registration District No. 3006  
City Fulton Mo. (No.                     ) St.                      Ward                     

File No.                     

Registered No. 146

2. FULL NAME

John William 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 2 yrs. 11 mos. 27 ds. How long in U.S., if of foreign birth?                      yrs.                      mos.                      da.

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 Mary Jane Lewis

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,                      hrs. or                      min.  
about 65                                                               

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer)                       
(c) Name of employer                     

9. BIRTHPLACE (CITY OR TOWN) St. James, Mo. unk  
(STATE OR COUNTRY) Phelps Co.

PARENTS  
10. NAME OF FATHER Hamilton Lewis  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Arbena Thompson  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

14. INFORMANT C. C. Ault, M.D.  
(Address) State Hosp. #1

15. FILED July 4 19 30 R. N. Crews  
REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 3<sup>rd</sup> 1930

17. I HEREBY CERTIFY, That I attended deceased from July 29, 1930, to July 31, 1930 that I last saw him alive on July 31, 1930, and that death occurred, on the date stated above, at 11:25 P.M. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Broncho-pneumonia (terminal)  
131  
107A  
137 (duration)                      yrs.                      mos.                      ds.

CONTRIBUTORY (SECONDARY) Chronic gastritis, Chronic nephritis, alcoholism (duration) 10-20 yrs.                      mos.                      ds.

18. WHERE WAS DISEASE CONTACTED  
IF NOT AT PLACE OF DEATH                       
DID AN OPERATION PRECEDE DEATH?                      No. DATE OF                       
WAS THERE AN AUTOPSY? None  
WHAT TEST CONFIRMED DIAGNOSIS? None  
(Signed) C. C. Ault, M. D.  
19 (Address) State Hosp. #1

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL De Camp Mo DATE OF BURIAL 7/5 19 30

20. UNDERTAKER Herndon Taylor ADDRESS Fulton Mo

