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

Do not use this space.
28801

1. PLACE OF DEATH
County. Madison Registration District No. 658
Township..... Primary Registration District No. 3028
City. Fredericktown (No. .....St. .....Ward)

File No.....
Registered No. .....

2. FULL NAME Laura Ella 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.

SEP 24 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F.	W.	married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Geo. Lewis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 20-1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or .....min.
	70	4	4	

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

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

PARENTS

10. NAME OF FATHER John Mylott
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Mary Mc
13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY)

14. INFORMANT George Lewis
(Address) Fredericktown Mo.

15. FILED Aug 31, 1931 C. U. Davis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 4 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1931, to Aug 4, 1931, that I last saw h.er alive on Aug 3, 1931, and that death occurred, on the date stated above, at 2, 10 [illegible] m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ascending Paralysis
(Cause Unknown)
8/A
about 2 (duration) yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) E. E. Haydon, M. D
Aug 4, 1931 (Address) Fredericktown, Mo

*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	DATE OF BURIAL
Fredericktown Mo.	Aug. 5 1931
20. UNDERTAKER Ed. H. Webb	ADDRESS Fredericktown Mo

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.

WHITE PERMANENT, WHEN UNFADING INK—THIS IS AN APPROVED PERMANENT RECORD