

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

Do not use this space.

29889

1. PLACE OF DEATH

County.....Cole..... Registration District No. 213
Township.....Jefferson..... Primary Registration District No. 3014
City.....Jefferson..... (No.) St. Ward)

File No.
Registered No. 259

2. FULL NAME Frank Lewis

(a) Residence. No. 817 East McCarty St. 1 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. da. 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 Mary Jane Lewis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 22, 1882

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	45	1	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Bridge Engineer
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

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

10. NAME OF FATHER Not Known

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) unknown

14. INFORMANT Mrs. Mary J. Lewis
(Address) Jefferson City Mo

15. FILED Oct 27 1927 J. Bedford MD
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 2, 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1926 to Oct 2, 1927
that I last saw him alive on Oct 2, 1927, and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Adenocarcinoma of stomach
2 1/2 yrs
4 1/2 yrs
(duration) 1 yrs. 5 mos. 0 ds.

CONTRIBUTORY (SECONDARY) Metastasis to Liver etc.
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

3 DID AN OPERATION PRECEDE DEATH? yes DATE OF Feb 1926

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Resection and Report
(Signed) R. P. Dorn M. D.
, 19 (Address) Jefferson City, 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 River View Cemetery DATE OF BURIAL Oct-4 1927

20. UNDERTAKER Wymore-Gordon Und. Co ADDRESS J. C. Mo

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.

10-23-1927
D. W. Davis

