

APR 23 1930

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

Do not use this space

8011

1. PLACE OF DEATH

County Cass
Township Surrey
City (No.)

Registration District No. 147
Primary Registration District No. 5211

File No.
Registered No. B
St. Ward)

2. FULL NAME

Waddy Thompson Lewis

(a) Residence. No. St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 8 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 Harriett E Lewis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 14-1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 11 17

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)

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

10. NAME OF FATHER

Warren Lewis

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) North Carolina

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

14. INFORMANT

C. W. Lewis
(Address) Union Star, Mo.

15. FILED

3/2 1930 Dr. B. B. Lutz
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 1 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 1928, to Feb 21 1930 that I last saw him alive on Feb 21 1930, and that death occurred, on the date stated above, at 4 1/2 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Chronic Nephritis

CONTRIBUTORY (SECONDARY) Acute Septic Myocarditis (duration) 3 yrs. 3 mos. 1 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Cultures
(Signed) Loose M. Perrin, M. D.

Feb 3, 1930 (Address) Fallman 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

Union Chapel - near Helena Mo

DATE OF BURIAL

3/3 1930

20. UNDERTAKER

Cumminburger Bros

ADDRESS

Harrisonville

CRUISE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

