

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

Do not use this space.

39205

1. PLACE OF DEATH
 38 County Dentry Registration District No. 313
 1933 Township Mill Creek Primary Registration District No. 5433
 City Albany #5 (No. _____) St. _____ Ward _____
 2. FULL NAME Harriet Ellen Lewis
 (a) Residence, No. Albany Route #5 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. da. How long in U. S., if of foreign birth? yrs. mos. da.,

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. P. Lewis
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8 - 1960
 7. AGE YEARS 12 MONTHS 5 DAYS 27 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marionville, Mo.
 FATHER 13. NAME Alexander Carter
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 MOTHER 15. MAIDEN NAME Nancy Pierce
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT (ADDRESS) Mrs. Franky Hodson
Albany, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Union Chapel DATE Dec 7 1932
 19. UNDERTAKER (ADDRESS) Clifford Brooks
Albany Mo.
 20. FILED 12. 8. 32 W. J. Quarry
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 5 1932
 22. I HEREBY CERTIFY, That I attended deceased from June 20 1925 to Nov 28 1932
 I last saw her alive on Nov 29 1932. Death is said to have occurred on the date stated above, at 3:55 P. m.
 The principal cause of death and related causes of importance were as follows:
Paralysis from
Stroke of Dupuytren
of 5 years standing
 Date of onset
 Other contributory causes of importance:
1920
 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) H. V. Whiteley _____ M. D.
 (Address) Albany Mo.

WRITE PLAINLY, WITH UNFADING INK...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.

Ans

Wagner

Richard
Wagner