Copy

SEP 11 1934

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

Do not use this space.

32327

1. PLACE OF DEATH
County Cooper — Registration District No. 218 — File No. 132
Township Bonneville — Primary Registration District No. 3015 — Registered No.
City Bonneville (No. , St. Ward)

2. FULL NAME Lewis Allen George
(a) Residence, No. Prairie House Mo 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.

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 Polly George

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 31-1836

7. AGE YEARS 58 MONTHS 7 DAYS 6 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Aug 19-1934
11. Total time (years) spent in this occupation Most

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co Mo

FATHER
13. NAME Allen Wright George
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co Mo

MOTHER
15. MAIDEN NAME Elizabeth Hall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Martin Roedel Prairie House Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Harris Cem DATE Sept 8-1934

19. UNDERTAKER (ADDRESS) Albert Hornbeck Prairie House Mo

20. FILED Sep 8 1934 Dr R W Bozworth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1934 to Sept 6, 1934
I last saw him alive on Sept 5, 1934 Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystitis Cystitis	9/20 1934
130	
135	

Other contributory causes of importance:

Name of operation Bladder Drainage Date of 9/5/34
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) Dr Ah Meridith - Ravenswaag B. M. D.
(Address) Prairie House + Bonneville 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.

Dr Sir Hospital Bonneville Mo

#2 Cooper,

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.
132.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Lewis Allen George

Who died at _____ on Sept-6-1934

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex M Color or race W ~~Single,~~ married, ~~widowed or divorced:~~ _____

Date of birth _____ Age: Years 58 Months 7 Days 6

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) Cystitis throid nephritis

Birthplace of mother (State or country) _____

Principal cause of death: _____

Other contributory causes of importance _____

Name of operation Bladder drainage Date of 9-13-34

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar Dr R W Bosworth Date filed

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 218

Primary Reg. Dist. No. 3015

Very truly yours,

E. T. McGaugh M.D.

Special Agent.

JAN 2 8 1935

S-32327