

AUG 15 1936

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

Do not use this space.

25581

1. PLACE OF DEATH

County

Buchanan

Registration District No.

85

File No.

Township

Washington

Primary Registration District No.

1001

Registered No.

919

City

St. Joseph

No.

Mercy Hospital

St.

Ward)

2. FULL NAME

Lewis, Christopher

(a) Residence, No.

Cameron, Mo.

St.

Ward.

Cameron, Mo.

(Usual place of abode)

(If nonresident, give city of town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds. 2 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

Minnie Assel

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

June 21, 1867

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day,hrs. ormla.

69

1

3

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired 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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Michigan City, Indiana

13. NAME

Jacob Assel

MOTHER FATHER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown, Germany

15. MAIDEN NAME

Margaretting Cinger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

17. INFORMANT (ADDRESS)

Aazel Assel (Daughter)

18. BURIAL, CREMATION, OR REMOVAL PLACE

Hopewell

DATE

Near Kirby, Mo. July 26, 1936

19. UNDERTAKER (ADDRESS)

Miss Walter Pittman, Sunston, Independence, Mo.

20. FILED

July 24, 1936 H. J. Huttelbusch Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from

July 22, 1936, to July 24, 1936

I last saw him alive on July 24, 1936 Death is said

to have occurred on the date stated above, at 1:23 A.M.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dilatation

Date of onset July 24

Other contributory causes of importance:

Lymphatic Leukemia
Terrible Anemia

Name of operation

None

Date of

What test confirmed diagnosis? Blood count Was there an autopsy? No

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? No

If so, specify

(Signed) Doctor W. P. Long, M.D.

(Address) Ken Patrick Bldg., St. Joseph, 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.

RECORDING INFORMATION THIS IS A PERMANENT RECORD

