

REC'D JUN 10 1938

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

18206

Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 293
(b) Township Boles Primary Registration District No. 5411 Registered No. _____
(c) City Tabadie, Mo. R.F.D. #1 (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred 4 1/2 yrs. ✓ mos. ✓ ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

THOMAS SANTFORD LEWIS 207
(a) Residence, No. Tabadie, Mo. R.F.D. #1 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Alice Louise Lewis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 20, 1919
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 5 4
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation life
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waxhixon, North Carolina
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT (ADDRESS) Mont Lewis Tabadie, Mo. R.F.D. #1
18. BURIAL, CREMATION, OR REMOVAL PLACE Grays Summit DATE May 26, 1938
19. FUNERAL DIRECTOR (ADDRESS) Wiegand & Velt Inc., Washington, Mo.
20. FILED 6-5-38 1938 Mary B. Gross Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1938
22. I HEREBY CERTIFY, That I attended deceased from May 18, 1938, to May 24, 1938
I last saw him alive on May 22, 1938. Death is said to have occurred on the date stated above, at 12:05 m.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage (apoplexy) Date of onset _____
Other contributory causes of importance: 820
Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) W. H. Stenker, M. D.
(Address) Pacific Mo.

STATEMENT BY LICENSED EMBALMER

I, R. P. Heberg - L. E. Licensed Embalmer No. 2387
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me
L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed R. P. Heberg

Licensed Embalmer No. 2387

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)