

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

FILED JUN 22 1940

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

19814

Do not use this space.

1. PLACE OF DEATH **Wayne** **2** Registration District No. **890**  
(a) County **St. Francois** **0** Primary Registration District No. **6188**  
(b) Township **Greenville** **Mo.** (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(c) City **Wayne** (d) Street No. **St.**  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME **Stella Caroline Lewis**  
(a) Residence, No. **Piedmont, Mo. R.R. #1** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 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 **Gay Lewis**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 17, 1900**

7. AGE YEARS **40** MONTHS **0** DAYS **9** If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **House wife**  
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) ..... 11. Total time (years) spent in this occupation.....

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

13. NAME **Hiram Lane,**  
14. BIRTHPLACE (CITY OR TOWN) **Missouri.** (STATE OR COUNTRY)

15. MAIDEN NAME **Ester Hughes,**  
16. BIRTHPLACE (CITY OR TOWN) **Missouri.** (STATE OR COUNTRY)

17. INFORMANT **Mabel Cullen**  
(ADDRESS) **Piedmont, Mo. Rt. 1**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Liberty Hill** DATE **May 27, 1940**

19. FUNERAL DIRECTOR (NAME) **F. J. Yates**  
(ADDRESS) **Piedmont, Mo.**

20. FILED **May 31, 1940** **Mabel Beasley**  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-26**, 19**40**

22. I HEREBY CERTIFY, That I attended deceased from **5-17**, 19**40** to **5-26**, 19**40**

I last saw him alive on **5-14**, 19**40** Death is said

to have occurred on the date stated above, at **10.00** a.m.

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

**Tuberculosis of Throat**

Date of onset

Other contributory causes of importance:

Name of operation **K** 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) **F. J. Yates** M. D.

(Address) **Piedmont, Mo.**