

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  
(a) County..... Registration District No. 890  
(b) Township St. Francois 0 Primary Registration District No. 6188  
(c) City or Greenville MO. (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 17

2. PRINT FULL NAME Stella Caroline Lewis,  
(a) Residence, No. Piedmont, Mo. R.R.#1 (Usual place of abode, if no street address, write county or city) (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.
OCCUPATION	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) (STATE OR COUNTRY)	Missouri. 0	
FATHER	13. NAME Hiram Lane, 6	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri. 6	
MOTHER	15. MAIDEN NAME Ester Hughes,	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.	
17. INFORMANT (ADDRESS)	Mabel Cullen, Piedmont, Mo. Rt 1	
18. BURIAL, CREMATION, OR REMOVAL PLACE	Liberty Hill DATE May 27, 1940	
19. FUNERAL DIRECTOR (NAME) (ADDRESS)	F. J. Yates, Piedmont, Mo.	
20. FILED	May 31, 1940 Mabel Beasley Local Registrar.	

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-26-40, 1940

22. I HEREBY CERTIFY, That I attended deceased from 5-17-40 to 5-26-40, 1940  
I last saw him alive on 5-14-40, 1940 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 23.

Other contributory causes of importance:

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) F. J. Yates, M. D.  
Piedmont, Mo. 917 (Address)