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

PLACE OF DEATH

County _Iron_

Township _Union_
or
Village _____

Registration District No. _390_

Primary Registration District No. _5345_

File No. _25097_

Registered No. _16_

[If death occurred in a hospital or institution, give its NAME instead of street and number]

or
City _____ (NO. _____ St.; _____ Ward)

FULL NAME _Andrew Lewis_

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH

SEX _Male_ **COLOR OR RACE** _white_ **SINGLE MARRIED WIDOWED OR DIVORCED** (Write the word) _Married_

DATE OF DEATH _July 25_, 1917
(Month) (Day) (Year)

DATE OF BIRTH _Feb 5, 1875_
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 191__, to _____, 191__, that I last saw h___ alive on _suddingly_, 191__, and that death occurred, on the date stated above, at _3 a._ m.

AGE _42_ yrs. _6_ mos. _20_ ds. IF LESS than 1 day, ___hrs. or ___min.?

The CAUSE OF DEATH* was as follows:
Cordiac Valvular Disease,
_F.A._

OCCUPATION
(a) Trade, profession, or particular kind of work _Farmer_

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(Duration) ___yrs. ___mos. ___ds.

BIRTHPLACE (City or town, State or foreign country) _Iron Co, Mo._

Contributory (SECONDARY) _____

NAME OF FATHER _Andrew Lewis_

(Duration) ___yrs. ___mos. ___ds.

BIRTHPLACE OF FATHER (City or town, State or foreign country) _Tenn_

(Signed) _Geo W. Jones_ M.D.
July 26, 1917 (Address) _Piedmont Mo_

MAIDEN NAME OF MOTHER _Not Known_

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

BIRTHPLACE OF MOTHER (City or town, State or foreign country) _Not Known_

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ___yrs. ___mos. ___ds. In the State ___yrs. ___mos. ___ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) _Ethel Lewis_
(ADDRESS) _Des Arc Mo._

Where was disease contracted if not at place of death? _____

Former or usual residence _____

Filed _July 26_, 191_7_ _N. A. Farr_ REGISTRAR

PLACE OF BURIAL OR REMOVAL _Sutton Cemetry_
UNDERTAKER _Add Keen_

DATE OF BURIAL _July 26_, 1917
ADDRESS _Annapolis_