

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

Do not use this space.

**20768**

**1. PLACE OF DEATH**

County Rolla  
Township Saltwater  
City Rolla (No. 1)

Registration District No. 227  
Primary Registration District No. 5-95-9

File No. 8  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Lewton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-10-1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 11 13

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

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) Illinois

13. NAME Edoac Lewton

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Ralph Lewton  
(ADDRESS) Perry, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Laddeville, Mo. DATE 6-24-1933

19. UNDERTAKER Howe Roselle  
(ADDRESS) Perry, Mo.

20. FILED 6-23-1933 Howe Roselle  
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1933

22. HEREBY CERTIFY That I attended deceased from Apr. 24, 1933 to June 23, 1933. I last saw him alive on Apr. 29, 1933. Death is said to have occurred on the date stated above, at 6-00.

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

Acute Sclerosis  
Chronic Interstitial Nephritis  
131 131

Other contributory causes of importance: HT

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Physic 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) Jahs Brown, M. D.

(Address) Perry, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 28 1933

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