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STATE OF MISSOURI }
CITY OF JEFFERSON } 25 I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health. Witness my hand as State Registrar of Vital Statistics and the Seal of the Missouri Department of Health this date of

Garland H Land

Garland H. Land
State Registrar of Vital Statistics

JUL 1 1993

FOR GENEALOGY PURPOSES

PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		
County <i>Trou</i>	Registration District No. <i>390</i>	File No. <i>955</i>			
Township <i>Trou</i>	Primary Registration District No. <i>5345</i>	Registered No. <i>1</i>			
Village _____	City _____	Word _____	[If death occurred in a hospital or institution, give its NAME instead of street and number]		
FULL NAME <i>Andrew Lewis</i>					
PERSONAL AND STATISTICAL PARTICULARS			2 MEDICAL CERTIFICATE OF DEATH		
SEX <i>Male</i>	COLOR OR RACE <i>W. C.</i>	SINGLE MARRIED DIVORCED OR SEPARATED (If not the first)	DATE OF DEATH <i>Jan 8, 1915</i>		
DATE OF BIRTH <i>Not known</i>			I HEREBY CERTIFY that I attended deceased from <i>Dec 2, 1914</i> to <i>Dec 2, 1914</i>		
AGE <i>40</i>			that I last saw him alive on <i>Dec 2, 1914</i>		
OCCUPATION (a) Trade, profession, or particular kind of work <i>Blacksmith</i>			and that death occurred, on the date stated above, at <i>8 a.m.</i>		
(b) General nature of industry, business, or establishment in which employed (or employer) <i>1.5 st. mill</i>			The CAUSE OF DEATH* was as follows:		
BIRTHPLACE (City or town, State or foreign country) <i>Tennessee</i>			<i>Paralysis</i>		
NAME OF FATHER <i>George Lewis</i>			<i>82C</i>		
BIRTHPLACE OF FATHER (City or town, State or foreign country) <i>Not known</i>			<i>82D 65</i>		
MAIDEN NAME OF MOTHER <i>Elyabeth Gildera</i>			Contributory <i>Softening of brain</i>		
BIRTHPLACE OF MOTHER <i>Not known</i>			<i>8</i>		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			(Signed) <i>H. A. Farr</i> M. D.		
(Informant) <i>Andrew Lewis</i>			<i>Jan 9, 1915</i> (Address) <i>Amopolis Mo.</i>		
(Address) <i>Amopolis Mo.</i>			*Mark (1) Disease Causing Death, or, in Deaths from Violent Causes, state (1) Cause of Death and (2) whether Accidental, Suicidal, or Homicidal.		
Filed <i>Jan 9, 1915</i>			LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)		
<i>H. A. Farr</i> REGISTRAR			At place of death _____ In the State _____		
			Where was disease contracted if not at place of death _____		
			Former or usual residence _____		
			PLACE OF BURIAL OR REMOVAL <i>Lewis Cemetery</i>		DATE OF BURIAL <i>Jan 7, 1915</i>
			UNDERTAKER <i>Rose E. Farr</i>		ADDRESS <i>Amopolis Mo.</i>