

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

1 PLACE OF DEATH
County Linn
Township Union
or
Village
or
City (NO. St. Ward)

Registration District No. 390 File No. 13733
Primary Registration District No. 5345 Registered No. 17

2 FULL NAME Mrs Sarah Lewis

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE MARRIED widow
OR WIDOWED
OR DIVORCED
(Write the word)

6 DATE OF BIRTH March 16 1876
(Month) (Day) (Year)

7 AGE 43 yrs 1 mos 14 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE
(City or town, State or foreign country) Reynolds Co, Mo

PARENTS
10 NAME OF FATHER Jessie Bounds
11 BIRTHPLACE OF FATHER Reynolds Co, Mo
(City or town, State or foreign country)
12 MAIDEN NAME OF MOTHER Ruth Browley
13 BIRTHPLACE OF MOTHER Reynolds Co, Mo
(City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Chie Stark
(Address) Star archer

15 Apr 30 1919 N.A. Farr
Filed Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr 29 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Mar 6 1919, to Apr 29 1919, that I last saw h. lx alive on Apr 29 1919, and that death occurred, on the date stated above, at 4 1/2 m.

The CAUSE OF DEATH* was as follows:
Acute Gastritis
Following an attack
of Influenza 10
(Duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary) (Duration) yrs. mos. ds.

(Signed) N.A. Farr M. D.
Apr 30 1919 (Address) Star archer

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

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Star archer DATE OF BURIAL Apr 30 1919

20 UNDERTAKER Wm. Stark ADDRESS Star archer