

MAY 29 1928

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

Do not use this space.

12658

1. PLACE OF DEATH

County Boyer  
Township Liberty  
City Liberty

Registration District No. 201  
Primary Registration District No. 5280

File No. ....  
Registered No. 36 St. .... Ward)

2. FULL NAME

David C. Lemley  
(a) Residence. No. 1007 Home Ward. ....  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

wh

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Aug. 28 1851

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>76</u>	<u>7</u>	<u>23</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Inmate  
(b) General nature of industry, business, or establishment in which employed (or employer) 1007 Home  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Monroe County Ohio

10. NAME OF FATHER

David Lemley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Pa.

12. MAIDEN NAME OF MOTHER

Sarah Moore

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Pa.

14. INFORMANT (Address)

Paul R. Rogers  
Liberty Mo

15. FILED

5/29/28  
W. H. Madison  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Apr. 21 1928

17.

I HEREBY CERTIFY That I attended deceased from March 18 1928 to April 21 1928 that I last saw him alive on April 20 1928, and that death occurred, on the date stated above, at 2 days

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Senility  
16 yr 164 (duration) 1 yrs. mos. da.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? DATE OF

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. H. Matthews, M. D.  
(Address) Liberty Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Edinburg Mo. 4-22 1928

20. UNDERTAKER

ADDRESS

Chas. L. Luchman  
Liberty Mo

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

