CT 24 1928

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

Do not use this space.
30020

1. PLACE OF DEATH
County: Clay
Township: Liberty
City: Liberty (No. ..... St. ..... Ward)
Registration District No. 201
Primary Registration District No. 5280
File No.
Registered No. 90

2. FULL NAME: John Henry Lehman
(a) Residence. No. ..... St., ... 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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.

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. 27-1852

7. AGE: Years 76 | Months 0 | Days 26 | If less than 1 day, ... hrs. or ..... min.

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): I O O F Home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Brunswick
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: John Lehman
11. BIRTHPLACE OF FATHER (CITY OR TOWN): ✓
(STATE OR COUNTRY): Switzerland
12. MAIDEN NAME OF MOTHER: ✓
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): ✓
(STATE OR COUNTRY)

14. INFORMANT: Paul R. Rogers
(Address): Liberty Mo

15. FILED 10/10/28 Wm. H. Goodson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 23. 1928

17. I HEREBY CERTIFY, That I attended deceased from March 10 1928 to Sept 23 1928 that I last saw h. alive on Sept 22 1928 and that death occurred, on the date stated above, at 2 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Stomach
(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) F. W. Mathews, M. D
Sept 28, 1928 (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: I O O F Home Liberty Mo
DATE OF BURIAL: 9/24/1928

20. UNDERTAKER: Church-Archer Co
ADDRESS: Liberty Mo