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

Do not use this space.

6093a

1. PLACE OF DEATH
County: Gasconade — Registration District No.: 308 — File No.:
Township: Bourbois — Primary Registration District No.: 5426 — Registered No.:
City: (No. ..., ... St. ..... Ward)

2. FULL NAME: Arlevia Lemons
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 19, 1861

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
67	3	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House-wife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

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

PARENTS
10. NAME OF FATHER: Jas Perry Stump
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY):
12. MAIDEN NAME OF MOTHER: Sarah Jane Rogers
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY):

14. INFORMANT: Jeff Lemons
(Address): Bland Mo

15. FILED: Feb 7, 1929 M. E. Spurgeon MD, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 7 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1929, to Feb 7, 1929 that I last saw her alive on Feb 6, 1929, and that death occurred, on the date stated above, at 8.40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetic Coma
(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY): Influenza
(duration) ..... yrs. ..... mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) M. E. Spurgeon, M. D
Feb 7, 1929 (Address) Red Bird 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: Bland Mo
DATE OF BURIAL: Feb 9 1929

20. UNDERTAKER: S. G. Lecklider
ADDRESS: Belle Mo

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.