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

Do not use this space.

1. PLACE OF DEATH Andrain Hospital

County Andrain — Registration District No. 26 — File No. 9415

Township Lattimer — Primary Registration District No. 3002 — Registered No. 35

City Mexico (No. ..... St. ..... Ward)

2. FULL NAME Frances Lemon

(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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 20 - 1916

7. AGE: Years 12 — Months 8 — Days 21 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: attending School
(b) General nature of industry, business, or establishment in which employed (or employer): at Bowling Green
(c) Name of employer

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

PARENTS

10. NAME OF FATHER: Lloyd Lemon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Arkansas
12. MAIDEN NAME OF MOTHER: Margaret Brown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Near Curryville Mo

14. INFORMANT: Margaret Lemon
(Address) Bowling Green

15. FILED March 11th 1929 — Ira S. Milligan, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 11th 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 8th 1929, to Mar 11th 1929, that I last saw h. er alive on Mar 11th 1929, and that death occurred, on the date stated above, at 2:20 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Septic myocarditis, cause undetermined.

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY): Pyuria

(duration) ..... yrs. ..... mos. 3 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? Clinical & laboratory findings

(Signed) James B. Rigg M. D

Mar 11th 1929 (Address) Bowling Green 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: Curryville Cemetery — DATE OF BURIAL: Mar. 13 1929

20. UNDERTAKER: W. B. Elmore — ADDRESS: Bowling Green 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.

261