

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

Do not use this space.

10230

PLACE OF DEATH

County Centry
Township Weyburn
City Lesho (No. 17)

Registration District No. 309
Primary Registration District No. 5428

File No. 10230
Registered No. 17
St. Mo. Ward 17

2. FULL NAME Lesho E. Best

(a) Residence. No. 17 St. Mo. Ward 17
(Usual place of abode)

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. (If nonresident give city or town and State)

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 James E. Best

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 12 - 1899

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
32 1 23

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Higgins Township, Centry Co., Mo.

10. NAME OF FATHER William R. Best

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

12. MAIDEN NAME OF MOTHER Lamanta Richmond

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Higgins Township, Centry Co., Mo.

14. INFORMANT James E. Best
(Address) Lamont, Mo.

15. Mar. 27, 29 W. T. Martin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 25 - 1929

17. I HEREBY CERTIFY, That I attended deceased from March 22nd, 1929, to March 25th, 1929, (that I last saw him alive on March 23rd, 1929, and that death occurred, on the date stated above, at 4-15 P M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis
(1) Chronic Poisoning
132 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 1290 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 8 IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. S. Campbell, M. D.

(Address) Albany, 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

Higgins Hills Cemetery Mar. 27 1929

20. UNDERTAKER W. T. Shockley ADDRESS Albany

