Dr Clark, F. P.

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 33683
Township Kan — Primary Registration District No. 1002 — Registered No. 4131
City K.C. (No. 4000 Wabash St. Ward)

2. FULL NAME John N Lemon
(a) Residence, No. 4000 Wabash St., 15 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
M	Wh	M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 7 - 1848

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
81	8	26	

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

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

PARENTS
10. NAME OF FATHER Mknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mknown
12. MAIDEN NAME OF MOTHER Mknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mknown

14. INFORMANT Mrs Sarah Howard
(Address) 64 S 23 K.C. Kans

15. FILED 10/4 1929 M. M. Crowe REGISTRAR
Asst

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 3 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1929, to Oct 3, 1929 that I last saw him alive on Oct 3, 1929, and that death occurred, on the date stated above, at 7 05 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aortic Insufficiency
92A
120B (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) Entro Colitis
(duration) 5 yrs. ....mos. 20 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
0 DID AN OPERATION PRECEDE DEATH? NO DATE OF
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) T. K. Clark, M. D.
10/4, 1929 (Address) Kan. City Kans.

*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
Kingsville Mo	Oct 6 1929
20. UNDERTAKER	ADDRESS
Rose & Henderson	15th Jackson

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.

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