

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

Do not use this space.

4862

1. PLACE OF DEATH

County Jackson Registration District No. 299
Township Haw. Primary Registration District No. 1922
City Kansas City (No. 448 Bellefontaine)

File No. 510
Registered No. 510
St. _____ Ward _____

2. FULL NAME

John W. Lemke
(a) Residence No. 448 Bellefontaine 9 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Kittie Lemke</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 1, 1858</u>		
7. AGE <u>30-7</u> <u>58-7</u>	YEARS <u>7</u>	MONTHS <u>9</u>
	DAYS <u>0</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Book binder</u> (b) General nature of industry, business, or establishment in which employed (or employer). <u>self</u> (c) Name of employer _____		

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

10. NAME OF FATHER John Lemke

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

12. MAIDEN NAME OF MOTHER do not know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) do not know

14. INFORMANT Mrs Kittie Lemke
(Address) 448 Bellefontaine

15. FILED 7/3 19 30 M. M. Brown
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 7 19 30

17. I HEREBY CERTIFY, That I attended deceased from Oct 4 1928 to Feb 1 1930 that I last saw him alive on Feb 1 1930, and that death occurred, on the date stated above, at 3 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coronary Sclerosis
131
94B

(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) degenerative, chronic
parenchymatous (duration) yrs. mos. 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) Julius Frischer M. D.
Feb 1 1930 (Address) 337 Bldg

*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 Mt Washington DATE OF BURIAL Feb. 4 19 30

20. UNDERTAKER C. H. Blackman ADDRESS 2825 E. 1st

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.

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