

JUN 25 1930

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

Do not use this space.

15887

1. PLACE OF DEATH

County Grundy
Township Franklin
City Franklin (No.)

Registration District No. 330
Primary Registration District No. 5017

File No.
Registered No.
St. Ward

2. FULL NAME

Lennie R Roberts Semmons
(a) Residence No. East 8th St. 4 Ward.

(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

MEDICAL CERTIFICATE OF DEATH

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

John Semmons

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Dec 18, 1862

7. AGE

YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 4 25

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)

Missouri

10. NAME OF FATHER

Geo Roberts

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

no

12. MAIDEN NAME OF MOTHER

Amanda Greene

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

no

14. INFORMANT (Address)

John Semmons
Trenton Mo

15. FILED (Date) (Signature) REGISTRAR

15 May 30 E A Duffey
REGISTRAR

2

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

May 13 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr 11, 1930, to May 13, 1930 that I last saw him alive on May 13, 1930, and that death occurred, on the date stated above, at Franklin P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremic Poisoning
VAD
132B
(duration) yrs. mos. ds. 6

CONTRIBUTORY (SECONDARY) Hamphires - left
side (duration) yrs. mos. ds. 2 yrs. 1 mos. 2 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? Uremic findings
(Signed) E A Duffey, M. D.

5/14, 1930 (Address) Trenton 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

Masonic Cemetery May 15 1930

20. UNDERTAKER ADDRESS

Lypsons Trenton Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every year of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

