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

Do not use this space.

23654

1. PLACE OF DEATH
County: Mary Medical
Township: Joplin
City: (No. ..... St. ..... Ward)

Registration District No.:
Primary Registration District No.: 367 3-803

File No.:
Registered No.: 164

2. FULL NAME: Nina Lemmo.

(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.

SEP 3 1930

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: Henry Lemmo

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 28/1852

7. AGE: 78. YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): ~~West Virginia~~
(STATE OR COUNTRY): Penn.

PARENTS

10. NAME OF FATHER: Wales Jones
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Dunn
(STATE OR COUNTRY): Ind
12. MAIDEN NAME OF MOTHER: Vinie Wales.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Virginia
(STATE OR COUNTRY)

14. INFORMANT: Ida Wood.
(Address): Sikeston Mo.

15. FILED July 27, 1930 Cliff M. Hodges REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 27 1930

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..., died not ..... 19..., and that I last saw h..... alive on ..... 19..., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Don't know. Her Husband says she was dead when they came home.

CONTRIBUTORY (SECONDARY): Had had no health for 4 years (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY: 960
(SECONDARY): 901 (duration) 4 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? 30
IF NOT AT PLACE OF DEATH:
DID AN OPERATION PRECEDE DEATH? no DATE OF July 27 '30
WAS THERE AN AUTOPSY? no —
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) D. M. Hodges Health Officer M. D.
July 27, 1930 (Address) East Prairie 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: Dogwood. | DATE OF BURIAL: July 27 1930

20. UNDERTAKER: Travis Shelby | ADDRESS: East Prairie 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.