

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

Do not use this space.

638

1. PLACE OF DEATH
 County Cole Registration District No. 213
 Township _____ Primary Registration District No. 3014
 City Jefferson City (No. 9) St. _____ Ward _____

File No. 19
 Registered No. _____

2. FULL NAME Ote G. Lenard
 (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rose Lenard
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 30th, 1882
 7. AGE YEARS 48 MONTHS 7 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.
 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Cowboy
 (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 Georg W. Lenard
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 12. MAIDEN NAME OF MOTHER Lucy G. Harris
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Paddock Ky

14. INFORMANT G. G. Lenard
 (Address) Van Buren Arkansas

15. FILED 2-5-31 W. Bedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 18, 1931
 17. I HEREBY CERTIFY, That I attended deceased from Sept. 25th, 1930, 1930, to Jan. 18, 1931, 1931 that I last saw h. im alive on January 17, 1931, and that death occurred, on the date stated above, at 6: A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis

CONTRIBUTORY (SECONDARY) Chronic Nephritis and Chronic Myocarditis
 (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) W. H. Ramsbo, M. D.

1/18. 19 31 (Address) Missouri State Prison
 *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 Nevada Mo DATE OF BURIAL Jan. 22 1931

20. UNDERTAKER Wynae - Gordon and Co. G. P. Mo
 ADDRESS _____

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.

78/1810

