

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

Do not use this space.

PLACE OF DEATH

Pike  
County.....  
Township..... Hartford  
City..... Middle town, Mo. R.F.D.  
(No.....) (St.....) (Ward.....)

Registration District No. 690  
Primary Registration District No. 5918

File No. 2459  
Registered No. ....  
St..... Ward.....

2. FULL NAME Leonard Wayne Lemasters

(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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 14, 1930

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	≠	One	21	

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

9. BIRTHPLACE (CITY OR TOWN) Middletown, Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Garnet Lemasters  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Middletown, Mo  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Natta Hirsch  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Shamrock, Mo  
(STATE OR COUNTRY)

14. INFORMANT Garnet Lemasters  
(Address) Middletown, Mo

15. FILED Jan 22 1931 S. Clyde Craig REGISTERAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 4-31 19

17. I HEREBY CERTIFY, That I attended deceased from Dec. 30 30, 19, to Jan. 4-31, 19, that I last saw him alive on Jan. 3-31, 19, and that death occurred, on the date stated above, at 12 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Influenza  
(duration) ..... yrs..... mos..... ds.

CONTRIBUTORY Acute Bronchopneumonia  
(SECONDARY) (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 bedside  
(Signed) A. Hirsch, M. D.

Jan. 5-31 (Address) Middletown, 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 Middletown, Cemetery  
DATE OF BURIAL I-5-31 T 19

20. UNDERTAKER Jones & Wells Middletown ADDRESS L10

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.

11

11

11

11

11

11