

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

Do not use this space.

28179

1. PLACE OF DEATH

County Jackson
Township Blue
City Fairmount (No. St. Ward)

Registration District No. 398
Primary Registration District No. 8554

File No.
Registered No. 289

2. FULL NAME

Lon E. Force
(a) Residence No. 819 Hardy St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 15, 1880

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	50	10	14	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Kearney
(STATE OR COUNTRY) Clay Co Missouri

10. NAME OF FATHER John M. Force

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

12. MAIDEN NAME OF MOTHER Victoria Remes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kearney
(STATE OR COUNTRY) Clay Co Mo

14. INFORMANT Victoria Force
(Address) Loring Kansas

15. FILE Aug 30 1931 JH Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 29 1931

17. I HEREBY CERTIFY, That I attended deceased from July 6, 1931 to Aug 29, 1931 that I last saw h. in alive on Aug. 29, 1931 and that death occurred, on the date stated above, at 8:12 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Hemorrhage.

23 1/2 (duration) yrs. mos. ds.
59 2/3
23 1/2

CONTRIBUTORY (SECONDARY) T. B. with Diabetes Mellitus

Dont know. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF none

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab.

(Signed) N. M. Metzger M. D.

8-30, 1931 (Address) 10235 Independence Ave.

*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

Banner Spgs Cemetery Sept 1, 1931

20. UNDERTAKER ADDRESS Simmons & Son K.C. 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.

SEP 22 1931

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