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

Do not use this space.

34917

1. PLACE OF DEATH
County Lewis — Registration District No. 477
Township — Primary Registration District No. 4286 — File No.
City Canton (No. Community Hospital St. Ward) — Registered No. 32

2. FULL NAME William Ill Lessman
(a) Residence, No. Bowen, Ill. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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.

NOV 24 1931

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~~ Mary Lessman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15 - 1859.

7. AGE: Years 72 — Months — Days 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberty Township Adams Co. Ill.

FATHER
13. NAME Henry F. Lessman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER
15. MAIDEN NAME Dorotha Poppe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT (ADDRESS) Mary Lessman

18. ~~BURIAL, CREMATION,~~ OR REMOVAL
PLACE Bowen Ill. DATE Oct. 17 1931

19. UNDERTAKER (ADDRESS) Earl H. Buckley Canton, Missouri

20. FILED Oct. 17 1931 H. W. Harris M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1931, to Oct 17, 1931
I last saw him alive on Oct 17, 1931. Death is said to have occurred on the date stated above, at 2:00 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Oct 1-31
11B	
11B 12B	

Other contributory causes of importance:

Chronic ~~Int~~ intestinal Toxemia	1930.

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19....
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) J. N. Wagner, M. D.
(Address) Canton 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD