

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

Do not use this space.

1591

1. PLACE OF DEATH
 54 County Lafayette Registration District No. 461
 6 Township _____ Primary Registration District No. 3024
 4 City Lexington (No. _____) St. _____ Ward _____
 2. FULL NAME Esther Lebeth
 (a) Residence. No. No. 12th 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Fe 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 22 - 1850

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|--------|-------|--------|------|----------------------------------------------|
| | 82 | 8 | 21 | |

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

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

10. NAME OF FATHER Not known
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known
 (STATE OR COUNTRY) 31
 12. MAIDEN NAME OF MOTHER Not known
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known
 (STATE OR COUNTRY)

14. INFORMANT John Lebeth
 (Address) Lincoln St.

15. FILED Jan 19 19 1932 G. W. Fradendall
 REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 18 - 1932

17. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1931, to Jan. 18, 1932 that I last saw him alive on Jan. 12, 1932 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108 (duration) 1 1/2 yrs. 2 mos. 8 ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
 (duration) 3 yrs. 1 mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED (1)
 IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS none

(Signed) J. D. Ball M. D.
Jan 14, 1932 (Address) Lafayette, Mo.

*State the DISEASE CAUSING DEATH, or if 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 Lexington. DATE OF BURIAL 1/15 1932

20. UNDERTAKER Johnson & Johnson ADDRESS 116 So. 9th St. Lexington, Mo.

Exact statement of OCCUPATION is very important.
 CAUSE OF DEATH in plain terms, so that it may be properly classified.

FEB 24 1932



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