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

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.

MAR 21 1932

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

Do not use this space.

3611

1. PLACE OF DEATH

1 County ADAIR — Registration District No. 4 — File No.

2 Township — Primary Registration District No. 3001 — Registered No. 2

City KIRKSVILLE MO (No. , St. Ward)

2. FULL NAME HERBERT D LESUER

(a) Residence, No. 1503 E JEFF St., Ward. Fort Madison, Ia (If nonresident, give city or town and State)

(Usual place of abode) FT MADISON IOWA

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE	WHITE	WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 17th 1867

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
64	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. COTRACTOR 29

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. CARPENTER

10. Date deceased last worked at this occupation (month, and year) AUG. 1931

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CONESVILLE IOWA 2

FATHER

13. NAME WM LESUER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO

MOTHER

15. MAIDEN NAME MAGGIE GEDNEY

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IOWA

17. INFORMANT (ADDRESS) J. R. Sherer KIRKSVILLE MO

18. BURIAL, CREMATION, OR REMOVAL

PLACE FT MADISON IOWA DATE 2 , 19

19. UNDERTAKER (ADDRESS) DAVIS & WILSON KIRKSVILLE MO

20. FILED 2-22, 1932 Mrs C/H Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1932 to Feb. 20, 1932

I last saw him alive on 2-20, 1932 Death is said to have occurred on the date stated above, at 2:00 P.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis acute — Date of onset

59

93A

59

Other contributory causes of importance:

Diabetes.

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?

If so, specify

(Signed) Ralph O. Stickler, M. D.

(Address) Kirksville Mo.