

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

Do not use this space.

4807

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 100
No. 4226 Forest

File No. _____
Registered No. 670
St. _____ Ward _____

2. FULL NAME

Albert A M^r Lemore

(a) Residence, No. 4226 Forest St. 15 Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or wife of) <u>Mrs. Jennie M^r Lemore</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 29-1863</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>2</u>
	DAYS <u>18</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>N.C. Railway</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Carpenter</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>		
FATHER	13. NAME <u>Jos M^r Lemore</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>	
MOTHER	15. MAIDEN NAME <u>Harriet M^r Clearan</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Jennie M^r Lemore</u> <u>4226 Forest</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill</u> DATE <u>February 18, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>W. H. Newcomer's Sons</u> <u>2118 East 9th St.</u>		
20. FILED <u>2/18</u> 19 <u>32</u> <u>M. M. Crowe</u> <u>Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-18, 1932

22. I HEREBY CERTIFY, that I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 7:45 P.M.

The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
930
930

Date of onset _____

Other contributory causes of importance:
Arterio-sclerosis

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) Stanley M. Hall M. D.
(Address) Reg. Corral

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.

