

Wollice

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

Do not use this space.

18767

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St Joseph, Mo. (No. Methodist Hospital)

File No. _____
Registered No. 603
St. _____ Ward _____

2. FULL NAME Katherine Margaret Lehman

(a) Residence, No. _____ St. _____ Ward. Blair, Kansas
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 2 mos. 30 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 J. A. Lehman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 2 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 235

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

10. Date deceased last worked at this occupation (month and year) April 1932 11. Total time (years) spent in this occupation All

12. BIRTHPLACE (CITY OR TOWN) Doniphan County ?
(STATE OR COUNTRY) Kansas

FATHER 13. NAME John G. Meng

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Margaret Bintz

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany

17. INFORMANT J. A. Lehman,
(ADDRESS) Wathena, Kans

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wathena, Kans DATE June 22, 1932

19. UNDERTAKER Walter Meierhoffer
(ADDRESS) 13th and Faraon St.

20. FILED JUN 22 1932 John R. Baxden
Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1932, to June 22, 1932

I last saw him alive on June 22, 1932. Death is said to have occurred on the date stated above, at 645 am

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

Isis adenoma of thyroid
with hyperthyroidism
66B
66C
66D
Other contributory causes of importance:
arteriosclerosis - du myo
cardiac (Isis)

Date of onset

Name of operation thyroidectomy Date of June 21-32

What test confirmed diagnosis? micro Was there an autopsy? no

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) Walter, M. D.

(Address) St. Joseph, Mo.

M 21 1932

CROSS OF DEATH IN plain terms, so that it may be properly measured. Every statement of OCCUPATION is very important.

