

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

Do not use this space.

25205

1. PLACE OF DEATH

110 County Washington Registration District No. 585-
Township Belgrade Primary Registration District No. 6183
City.....(No)..... Ward.....

File No.....
Registered No. 29 St. Ward)

2. FULL NAME

Mary Christina Lesker
(a) Residence, No. Belgrade, Mo. 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. 4 mos. 1 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) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 19 March 1932
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 1

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

12. BIRTHPLACE (CITY OR TOWN) Belgrade, Mo. (STATE OR COUNTRY) Washington Co. Mo.

FATHER
13. NAME James A. Lesker

14. BIRTHPLACE (CITY OR TOWN) Belgrade, Mo. (STATE OR COUNTRY) Washington Co. Mo.

MOTHER
15. MAIDEN NAME Goldie Collett

16. BIRTHPLACE (CITY OR TOWN) Shannon Co. Mo. (STATE OR COUNTRY)

17. INFORMANT Fred Woods (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Casket Club DATE July 21, 1932

19. UNDERTAKER none (ADDRESS)

20. FILED Aug 7, 1932 Mrs. J. M. Knox Registrar.

3 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1932 to July 17, 1932
I last saw him/her alive on July 17, 1932. Death is said to have occurred on the date stated above, at 4 P. M.
The principal cause of death and related causes of importance were as follows:

Malnutrition
Indigestion
Inflammation of bowels
Date of onset July 1, 1932
Other contributory causes of importance:
Inflammation of bowels

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

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? Yes
If so, specify.....
(Signed) Thomas G. Deussen - M. D.
(Address) Potosi, 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. AUG 29 1932

