

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

Do not use this space.

26528

**1. PLACE OF DEATH**

49 County Franklin  
Township Missouri  
City St. Joseph Hospital

Registration District No. 413  
Primary Registration District No. 5559e

File No. \_\_\_\_\_  
Registered No. 26  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ St., Rt. 2 Ward. Cassville - Perry Co.  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. 10 mos. 70 ds. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 19, 1900  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
32 1 13

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

Cassville Mo  
(STATE OR COUNTRY)

**10. NAME OF FATHER**

C. L. Lester

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

Mo  
(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

Edith Dea

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

Mo  
(STATE OR COUNTRY)

**14.**

INFORMANT Records  
(Address)

**15.**

FILED Aug 2 1932 J. E. Weaver  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 1 1932

17. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1931, to July 1, 1932 that I last saw him alive on July 31, 1932, and that death occurred, on the date stated above, at 6:15 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Pulmonary Tuberculosis  
23P  
25 (duration) 12 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY Tuberculosis Extra. Calc.  
(SECONDARY) (duration) \_\_\_\_\_ yrs. 7 mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IS NOT AT PLACE OF DEATH Unknown

DID AN OPERATION PRECEDE DEATH NO DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS Bacter. Sputum  
(Signed) James E. Deans, M. D.  
St. Joseph, 1932 (Address) Webb City

\*State the DISEASE CAUSING DEATH, or in 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**

Cassville Mo  
Coon Bend Co

**DATE OF BURIAL**

Aug 3 1932  
ADDRESS Cassville 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.

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

SEP 23 1932

