

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

Do not use this space.

5937

1. PLACE OF DEATH

County Jackson
Township Kan
City Kaewsbety (No. Kaewsbety General Hospital)

Registration District No. 308
Primary Registration District No. 1002

File No. _____
Registered No. 892
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Christ Lemison St. _____ Ward _____
(Usual place of abode) Helping Hand

Length of residence in city or town where death occurred 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-19-1867

7. AGE YEARS 70 MONTHS 9 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) (STATE OR COUNTRY) Wisconsin

13. NAME Ole Lemison

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

15. MAIDEN NAME Julia Olsen

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

17. INFORMANT (ADDRESS) Recard bluh
gc. b. general Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Leeds DATE 2-23-33

19. UNDERTAKER (ADDRESS) Fruits + John

20. FILED 7/23 1933 m.m. Grove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-4-1933

22. I HEREBY CERTIFY, That I attended deceased from 10-20-1932 to 2-4-1933

I last saw him alive on 2-4-1933 Death is said to have occurred on the date stated above, at 9:25 p.m.

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

Carcinoma of Neck
536
Other contributory causes of importance: _____

Name of operation Bronchopneumonia - Biopsy Date of 11-2-32
What test confirmed diagnosis? _____ 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? _____
If so, specify _____

(Signed) J.H. Gaudin M. D.
(Address) _____

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.

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54

