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

Do not use this space. 15521

1. PLACE OF DEATH
County Vernon — Registration District No. 875 — File No. Yoter
Township — Primary Registration District No. 3039 — Registered No. 95
City Nevada Mo (No. 926, West Austin Street St. Ward)

2. FULL NAME Jule V. LeMoine
(a) Residence, No. 926 W. Austin St St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 13 yrs. mos. 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 Amer
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Mrs Catherine A. LeMoine
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep-18-1865
7. AGE Years 67 Months 7 Days 15 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RR work, Employee State Hospital- unemployed last two years
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) Feb 1931
11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence, Kansas

FATHER
13. NAME Julius LeMoine
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brest, France

MOTHER
15. MAIDEN NAME Mary Julia Hommell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Mrs Jule LeMoine Nevada Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Newton Burial Park DATE Apr-6-1933
19. UNDERTAKER (ADDRESS) M.E. Ferry, Ferry Funeral Home Nevada Mo
20. FILED 5/4/ 1933 E. R. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 3, 1933
22. I HEREBY CERTIFY, That I attended deceased from 4 3, 1933, to 4, 1933.
I last saw him alive on 4 11 30 1933. Death is said to have occurred on the date stated above, at 11 a. m.
The principal cause of death and related causes of importance were as follows:

Heart lesion (Kind unknown) — Date of onset

Other contributory causes of importance: none

Name of operation — Date of —
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. M. Yates, M. D.
(Address) Nevada 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.

MAY 24 1933