

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

Do not use this space.

16759

1. PLACE OF DEATH

County Jackson Registration District No. 397
 Township Kearney Primary Registration District No. 1000
 City Kansas City (No. 1000) Mercy Hospital St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

James Lemings
 (a) Residence No. 411 Benton Blvd. 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5, 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inf.
 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) Kansas City Mo.

13. NAME John Lemings

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K.C. Mo.

15. MAIDEN NAME Essie Harman

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

17. INFORMANT (ADDRESS) Mother

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cem DATE 5/14 1934

19. UNDERTAKER (ADDRESS) W.F. Magberry

20. FILED 5-13 1934 am on low Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/11 1934

22. I HEREBY CERTIFY, That I attended deceased from 4.10, 1934, to 5.11, 1934

I last saw him alive on 5.11, 1934. Death is said to have occurred on the date stated above, at 1.45 P.M.

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

Ascaris
Acute bilateral
15'
60'

Date of onset
4/30/34
4/30/34

Other contributory causes of importance:
Mastitis bilateral
Dehydration

4/30/34
4/27/34

Name of operation Mastectomy Date of 5/11/34
 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?
 If so, specify _____
 (Signed Charles C. Danvers, M. D.)

(Address) _____

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.

JUN 18 1934

Prof. B. G. ...

July 4, 1914

Dear Sir,

I have the honor to acknowledge the receipt of your letter of the 2nd inst. in relation to the matter mentioned therein.

I am sorry to hear that you are unable to attend the meeting on the 10th inst. I am sure that your presence would have been most valuable.

I am, Sir, very respectfully,
 Yours truly,
 J. H. ...