

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.

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 2002
Township Kaib Primary Registration District No. 2002
City Kansas City, Mo. (No. 3860 E. 59th Terrace)

20360

File No. _____
Registered No. 2523
St. _____ (Ward)

2. FULL NAME

(a) Residence, No. 3860 E. 59th Terrace 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Maggie L. Lemons</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-11-1871</u>		
7. AGE YEARS <u>62</u>	MONTHS <u>8</u>	DAYS <u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Mail Carrier</u>		
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) <u>Parch Tree Mo</u>		
13. NAME <u>James Arden Lemons</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>		
15. MAIDEN NAME <u>Nancy N. Coffman</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Maggie Lemons</u> <u>3860 E. 59th Terrace</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>6/9</u>		
19. UNDERTAKER (ADDRESS) <u>D. V. WAST FUNERAL HOME, INC.</u> <u>3146 Main St.</u>		
20. FILED <u>June 7, 1934</u> <u>M. M. Crowe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-6-1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 17 1934 to June 6 1934
I last saw him alive on June 30 1934 Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:
Myocardial exhaustion and heart failure Date of onset 5/7/34

Other contributory causes of importance:
Paralysis Cerebralis Arterio-sclerosis 930 9341 Aug 3 1932

Name of operation None Date of _____
What test confirmed diagnosis? Physicist Was there an autopsy? _____

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? No
If so, specify _____
(Signed) J. V. Bell M. D.
(Address) 1132 Professional Bldg

111 17 1934

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Professional Body

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after hours 1 to 4 PM