

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.

JAN 1 8 1935

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

Do not use this space.

1. PLACE OF DEATH

County Mississippi
 Township North
 City Charleston (No. _____)

Registration District No. 566
 Primary Registration District No. 5762

File No. 43726
 Registered No. 169
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. John Edgar Lemons Ward _____
 (Usual place of abode) Country Farm St.

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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) <u>Mrs. Flora Lemons</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 26 - 1870</u>		
7. AGE	YEARS	MONTHS
	<u>64</u>	<u>3</u>
		DAYS
		<u>15</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Grocery Drummer</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>Alto Pass, Ill.</u>		
FATHER	13. NAME <u>John Lemons</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Collins</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Lemons - Wife Charleston Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Grove</u> DATE <u>Dec. 12</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>Frank Linn Funeral Home Ma Charleston</u>		
20. FILED <u>Dec 12</u> 19 <u>34</u> <u>J. J. Verrier</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH 11:45 A.

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 16th 1934 to Dec 11th 1934
 I last saw him alive on Dec 9th 1934. Death is said to have occurred on the date stated above, at 11:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Mitral Insufficiency
Chronic nephritis
131
508
 Other contributory causes of importance:
Unknown

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 _____, 1934
 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) Frank J. Verrier, M. D.
 (Address) Charleston Mo.

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