

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

Do not use this space.

35464

DEC 17 1935

**1. PLACE OF DEATH**

County Chariton Registration District No. 179  
 Township Chariton Primary Registration District No. 3245  
 City Forest Green (No. ....) St. .... Ward)

**2. FULL NAME**

Edward Lenting  
 (a) Residence, No. .... St. .... Ward. ....  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 40 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>Louise Lenting</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 18, 1863</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>7</u>	DAYS <u>14</u>
If LESS than 1 day, .... hrs. or .... min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Building houses</u>		
10. Date deceased last worked at this occupation (month and year) <u>Oct. 25, 1935</u>		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Serranus</u>		
13. NAME <u>Christopher Lenting</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Serranus</u>		
15. MAIDEN NAME <u>Rosetta Helb</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Serranus</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Louise Lenting</u> <u>Forest Green Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Salem cemetery</u> DATE <u>Nov. 3</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Walter Anderson</u> <u>Glasgow Mo.</u>		
20. FILED <u>11-2</u> 19 <u>35</u> <u>W. H. Wolfkins</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 30 1935 to Nov 1 1935  
 I last saw him alive on Nov 1 1935 Death is said to have occurred on the date stated above, at 6 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Broncho Pneumonia Date of onset Oct 30  
Influenza Date 28

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) W. B. Kitcher , M. D.  
 (Address) Glasgow, Mo.

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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