

WHITE 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.

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

Do not use this space.

JAN 16 1936

39218

1. PLACE OF DEATH
 County Christian Registration District No. 317
 Township King City Primary Registration District No. 4186
 City King City (No.) St. Ward

2. FULL NAME Almyra Lebow
 (a) Residence, No. King City, Mo. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James T. Lebow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5 1847

7. AGE YEARS 88 MONTHS 7 DAYS 4 If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework
 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) 10/11/1925 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

FATHER
 13. NAME Wm Egbert
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
 15. MAIDEN NAME Kathryn Steinmetz
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mr. J. W. Lebow
King City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Palmyra, Mo. DATE 12-11-35

19. UNDERTAKER (ADDRESS) R. J. Taggart
King City, Mo.

20. FILED Dec 11-1935 Donald D. Gault
 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-9-35

22. I HEREBY CERTIFY, That I attended deceased from April 1935, to Dec 9 1935
 I last saw her alive on Dec 9 1935. Death is said to have occurred on the date stated above, at 4:36 p.m.
 The principal cause of death and related causes of importance were as follows:
Failure of bodily functions due to age. Date of onset 1934

Other contributory causes of importance:
Stratosis of face forming ulcers. 1932

Name of operation none Date of
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) Mark S. Rhoads, M. D.
 (Address) King City, Mo.

