

FEB 20 1936

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

Do not use this space.

186

1. PLACE OF DEATH

County

Boone

Registration District No.

73

Township

City

Columbia

Primary Registration District No.

3006

No.

Boone County Hospital

File No.

Registered No.

23

St.

Ward

2. FULL NAME

John B. Lenoir

(a) Residence, No.

(Usual place of abode)

Route 1

St.

Ward.

(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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

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

About 1858

7. AGE

YEARS

MONTHS.

DAYS

If LESS than 1 day,hrs. ormin.

About 78

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

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)

Missouri

FATHER

13. NAME

Wm. B. Lenoir

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

N. Carolina

MOTHER

15. MAIDEN NAME

Sarah B. C. Kapel

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

Virginia

17. INFORMANT (ADDRESS)

Mrs. F. L. Mifong
Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE

Columbia, Mo. DATE 1-31-1936

19. UNDERTAKER (ADDRESS)

Parker Furniture Co.
Columbia, Mo.

20. FILED

2/1/1936 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

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

1-29-1936

22. I HEREBY CERTIFY, That I attended deceased from

Jan 25, 1936, to Jan 29, 1936

I first saw h. l. alive on Jan 29, 1936. Death is said

to have occurred on the date stated above, at 11 A.M.

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

Cerebral apoplexy
Mediastinitis
11501

Other contributory causes of importance:

Myocarditis chronic
Strep. infection throat

Name of operation: Drainage of spleen Date of Jan 29

What test confirmed diagnosis? Jan 29 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? No

If so, specify

(Signed) Frank E. Derderian, M. D.

(Address) Columbia, Mo.

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.

