

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

Do not use this space.

MAR 17 1936

4863

1. PLACE OF DEATH

County Callaway
 Township _____
 City Fulton (No. _____, _____ St. _____ Ward)

Registration District No. 104
 Primary Registration District No. 3008

File No. _____
 Registered No. 52

2. FULL NAME Rosemary LeMert

(a) Residence, No. Columbia, Mo. St. _____ 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. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles T. LeMert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16, 1902

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>33</u>	<u>6</u>	<u>2</u>	

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

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) L. K.

11. Total time (years) spent in this occupation L. K.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia, Mo.

13. NAME John Belderer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rochport, Mo.

15. MAIDEN NAME Allie Mason

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington, Mo.

17. INFORMANT Hospital Records
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calumet DATE OK 1936

19. UNDERTAKER Parberry Firm
 (ADDRESS) Calumet, Mo.

20. FILED Feb 18, 1936 R. W. Crews
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1936 to Feb. 18, 1936

I last saw her alive on Feb. 18, 1936 Death is said to have occurred on the date stated above, at 8:55 A. M.

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

Exophthalmic Goiter Date of onset D. K.

Other contributory causes of importance:
Acute Cardiac Dilatation 2/18/36

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? No.
 If so, specify _____

(Signed) T. S. Lapp M. D.
 (Address) Fulton, 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.

