

DEC 20 1936

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. Major Simpson Sanitarium) 3100 Euclid Ave

44664

File No. 5205
Registered No. 5205

2. FULL NAME

Mrs Mary L. Lehman
(a) Residence, No. 1271 Fillmore St. Ward. Topeka Kansas
(Usual place of abode)

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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5 - 1852

7. AGE YEARS 84 MONTHS 3 DAYS 27 If LESS than 1 day,hrs. ormin.

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

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) Hittinger Pa

13. NAME Wm Alfred Robinson

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

15. MAIDEN NAME Anna E. Baldwin

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

17. INFORMANT F. A. Lehman (ADDRESS) 1271 Fillmore Topeka, Ks

18. BURIAL, CREMATION, OR REMOVAL PLACE Topeka Kans DATE Dec 3 1936

19. UNDERTAKER Freeman Mortuary & Chapel (ADDRESS) Kansas City Missouri

20. FILED Dec 3 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec, 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 19th 1934 to Dec 2nd 1936

I last saw her alive on Dec 2nd 1936 Death is said to have occurred on the date stated above, at 10:30 am

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

Cerebral hemorrhage (apoplexy)

Date of onset 12/1/36

Other contributory causes of importance: Senile Psychosis with cerebral arteriosclerosis

Name of operation _____ 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? _____ 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) Hermond J Major, M. D.
(Address) 3100 Euclid Ave Kansas City Mo

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.

