

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.

JAN 20 1937

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

Do not use this space.

45143

1. PLACE OF DEATH

County Jasper Registration District No. 408
Township Carthage Primary Registration District No. 3020
City Carthage (No.) St. Ward

File No.
Registered No.

2. FULL NAME

Conrad D. Lehman

(a) Residence, No. 309 N. Maple St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 41 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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Caroline Lehman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 24, 1856</u>		
7. AGE	YEARS	MONTHS
	<u>80</u>	<u>8</u>
		<u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Miller</u>		
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) <u>Juniata, Illinois</u>		
13. NAME <u>Lehman</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Herra Lehman</u> (ADDRESS) <u>309 N. Maple Carthage, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>(West) Cemetery</u> DATE <u>Dec. 26, 1936</u>		
19. UNDERTAKER <u>Ernest Mortuary</u> (ADDRESS) <u>Carthage, Missouri</u>		
20. FILED <u>Dec. 26, 1936</u> <u>A. P. Grewton</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/6, 1936, to 12/23, 1936

I last saw him alive on 12/23, 1936. Death is said to have occurred on the date stated above, at 8 m.

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

chr. bronchitis followed by hypostatic pneumonia Date of onset 1936

Other contributory causes of importance:

none

Name of operation none Date of

What test confirmed diagnosis? none 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) W. A. LeFarely, M. D.
(Address) Carthage, Mo.

