

APR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County AtchisonRegistration District No. 19

Township

Primary Registration District No. 4013City Rock Port, Mo.File No. 11000

Registered No. _____

St. _____ Ward _____

2. FULL NAME

Charles Louden Lehman

(a) Residence, No. _____

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.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OF RACE

White

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

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

(OR) WIFE OF

Ann. Wily Lehman

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

Feb. 10 - 1876

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Retired Carpenter

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)

Atchison, Mo.

13. NAME

Manson Lehman

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

Atchison, Mo.

15. MAIDEN NAME

Amanda Chilton

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

Atchison, Mo.

17. INFORMANT (ADDRESS)

Ed Lehman

18. BURIAL, CREMATION, OR REMOVAL

PLACE SummitDATE Mar 22, 1937

19. UNDERTAKER (ADDRESS)

C. E. Burtch

20. FILED

Mar - 26 - 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from

March 19, 1937, to _____, 19____.I last saw him alive on March 19, 1937. Death is saidto have occurred on the date stated above, at 4 P. m.

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

Coronary thrombosis

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) William R. Strickland, M.D.(Address) Rockport, Mo.

WRITE PLAIN WITH UNWADING INK--THIS

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.

