

MAY 31 1937

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

Do not use this space.

1. PLACE OF DEATH
83 County Pletty Registration District No. 698
Township Marshall Primary Registration District No. 5977
City (No.) St. Ward)

2. FULL NAME Mollie 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.

File No. 17303

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William D. Lehman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 29-1861

7. AGE: YEARS 75 MONTHS X DAYS 5 If LESS than 1 day, hrs. or min.

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

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) Pletty Co. Missouri
(STATE OR COUNTRY)

FATHER 13. NAME Charles M. Sharp
14. BIRTHPLACE (CITY OR TOWN) Tennessee
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Malinda J. Minor
16. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

17. INFORMANT Mayna Thompson
(ADDRESS) Banders Point Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Plummet Ridge DATE April 5 1937

19. UNDERTAKER Louis Savie
(ADDRESS) Beaton Mo.

20. FILED 4/7 1937 J. H. B. nel
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 4 - 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to Apr 4, 1937
I last saw h. ev. alive on 7/20/37, 1937 Death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:
Mitral Lesion of Heart Date of onset Don't know

Other contributory causes of importance:
920

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) J. M. Hale, M. D.
(Address) Beaton, 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.

THIS IS A PERMANENT RECORD

