

AUG 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan,

Registration District No. _____

Township _____

Primary Registration District No. _____

City St. Joseph,(No. 423 North 5th.)

File No. _____

26746

Registered No. _____

834

St. _____

Ward _____

2. FULL NAME Frank M. Lemmon,(a) Residence, No. 423 North 5th.St. 2

Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 55 yrs.

mos.

ds.

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

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Single,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan'y 4, 1858

7. AGE

YEARS

MONTHS

DAYS

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

79625

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

Executive

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Printing,10. Date deceased last worked at this occupation (month and year) July 193711. Total time (years) spent in this occupation 2412. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati, Ohio,13. NAME Alexander Hays Lemmon,

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

15. MAIDEN NAME Caroline Reynolds,

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

17. INFORMANT Wm. H. Burnett
(ADDRESS) 116 So. 4th. Street,

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Jo. Mem. Park DATE July 30th, 193719. UNDERTAKER Featon, Belsore & Bowman
(ADDRESS) 319 So. 10th Street, Funeral20. FILED 7/29 1937
H. H. Keck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29th, 193722. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to July 29, 1937I last saw him alive on July 29, 1937. Death is saidto have occurred on the date stated above, at 8:27 a.m.

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

Chronic Cirrhosis of liverof 10 yrs starting

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Obit 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) Dr. Lawrence M. Fall(Address) 426 King Street Bldg

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

I X7044

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000