

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

Do not use this space.

OCT 19 1937

1. PLACE OF DEATH

County Dade Registration District No. 237
Township Washington Precinct Registration District No. 4171
City South Greenfield, Mo St. 1 Ward

File No. 34062

Registered No. 185

2. FULL NAME

(a) Residence, No. William M. Lemore St. 1 Ward. (If nonresident, give city or town and State)
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy G. M. Lemore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-17-1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 6 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
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) Landon, Tenn

13. NAME John M. Lemore

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

15. MAIDEN NAME unknown

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

17. INFORMANT Gertrude M. Lemore
(ADDRESS) South Greenfield, Mo

18. BURIAL, CREMATION, OR REMOVAL

PL Pennsford Mo DATE 9-6 1937

19. UNDERTAKER J. J. C. Harrison
(ADDRESS) Greenfield, Mo

20. FILED 9-21-1937 Dr. R. Webb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-5 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-1 1937, to 9-4 1937

I last saw him alive on 9-4 1937. Death is said to have occurred on the date stated above, at 12 a.m.

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

Arterio-Sclerosis

Date of onset not known

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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) J. D. Combs M. D.

(Address) Lackwood 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.

