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

DEC 20 1937

Do not use this space.

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1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 4730

City Kansas City (No. Menorah Hospital St. Ward)

2. FULL NAME Leon D. Lewman

(a) Residence, No. St., Ward. Muskogee, Oklahoma
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 7, 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	69	9	17	

OCCUPATION

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

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

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) Indiana

FATHER

13. NAME No record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record No record

MOTHER

15. MAIDEN NAME No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record No record

17. INFORMANT (ADDRESS) Mrs. Idolene Lewman Muskogee, Okla

18. ~~BURIAL, CREMATION, OR~~ REMOVAL

PLACE Jeffersonville, Ind. DATE 11-24, 1937

19. UNDERTAKER (ADDRESS) Stine & McClure 3235 Gillham Plaza

20. FILED Nov 24, 1937 M M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1937, to Nov 24, 1937.

I last saw him alive on Nov 24, 1937. Death is said to have occurred on the date stated above, at A. m. 10:12

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

	Date of onset
Uraemia	3 wks
Staphylococcus septicemia	
Hypertensive heart disease	yrs.

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Other contributory causes of importance: Chronic Nephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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) F. H. Schaeles, M. D.

(Address) 1405 Bryant Bldg.

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.

WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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