

JAN 15 1938

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. 85

Township

Primary Registration District No. 1001

City St. Joseph

(Not St. Joseph Hospital)

St.

Ward)

2. FULL NAME

(a) Residence, No. 2523 S. 6th St.

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

13 ds.

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

yrs.

mos.

ds.

File No. 44739

Registered No. 1344

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Maud Lessler</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July-26-1877</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>4</u>
	DAYS <u>14</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Restaurant</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>St. Joseph, Mo.</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Jan. 1933</u>	
	11. Total time (years) spent in this occupation <u>16</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Todd's Point, Illinois</u>		
FATHER	13. NAME <u>Harry Lessler</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jasper, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Rechel E. Welborn</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Shelby Co., Illinois</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Rachel Lessler, Gallatin, Mo.</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Gallatin, Mo.</u> DATE <u>Dec. 12, 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Hope Furness &amp; Holt, Co., Gallatin, Mo.</u>		
20. FILED <u>12-10-1937</u> <u>H. J. Nestlebuch</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1937, to Dec 10, 1937

I last saw him alive on Dec 10, 1937 Death is said

to have occurred on the date stated above, at 8:15 A.M.

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

Bronchiectasis chr. 4 years

Bronchitis chr. 4 years

Myocardial infarct. month

Asthma

Other contributory causes of importance:

None

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Clin + Aut. 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) L. H. Ferguson, M. D.

(Address) St. Joseph, Mo.

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.

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