

JAN 19 1938

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

Do not use this space.

45845

File No. _____
Registered No. 31

1. PLACE OF DEATH

County Lawrence
Township Buck Train
City Marionville (No. _____)

Registration District No. 468
Primary Registration District No. 5629

St. _____ Ward _____

2. FULL NAME Dr. Franklin Wiley Lester

(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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14 1937

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

22. I HEREBY CERTIFY, That I attended deceased from December 3, 1937, to December 14, 1937.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 23 1868

I last saw h.i.m. alive on December 14, 1937. Death is said to have occurred on the date stated above, at 2:50 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 68 11 21

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

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

Bilateral basilar bronchopneumonia Date of onset Nov. 15 1937.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co. Mo.

Other contributory causes of importance: Abuse lungs, right lower lobe. Nov. 7 1937.

13. NAME Joseph G. Lester

Name of operation None Date of _____

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

What test confirmed diagnosis? clinical Was there an autopsy? No

15. MAIDEN NAME Mertie Overstreet

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Co. Mo.

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Mrs. Ruth Lester Marionville

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Marionville DATE 12-16 37

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____

19. UNDERTAKER (ADDRESS) Traylor Funeral Home Marionville

(Signed) Dr. Kenneth F. Kelley, M. D.
(Address) 16 E. Locust St. Aurora, Mo.

20. FILED Dec. 18 1937 Laura O. Conrad Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

