JAN 19 1938

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

Do not use this space.

1. PLACE OF DEATH
County Lawrence
Township Lawrence
City Mt Vernon (No. , Mo State Tow St. Ward)

Registration District No. 470
Primary Registration District No. 6683

File No. 45859
Registered No. 127

53

2. FULL NAME Elizabeth Lehring
(a) Residence, No. Cape Girardeau 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

3. SEX Fe
4. COLOR OR RACE wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 26 1902

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
38	4	17	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fornfelt Mo

FATHER
13. NAME Elmer Lishman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Emma May Oster
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) E. McMichael Record Clerk, Mo State Tow

18. ~~BURIAL, CREMATION, OR REMOVAL~~ Cape Girardeau Mo DATE Dec 14 1937

19. UNDERTAKER (ADDRESS) Geo C Orr Mt Vernon

20. FILED 12-13 1937 P. A. Holmes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-13-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 6-12-37, 19, to 12-13-37, 19
I last saw her alive on 12-13-37, 19 Death is said to have occurred on the date stated above, at 5-30 m. p
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypernephroma	
53	July 36

Other contributory causes of importance:
pulmonary Metastases
Spinal "
Cerebral "

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) Chester J Mellie M. D.
(Address) Mt Vernon

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.