

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 Springriver  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 475  
Primary Registration District No. 5639

File No. 45869  
Registered No. \_\_\_\_\_  
City \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Donald Joseph Lechner

(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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 25, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
3 28

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.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Verona (STATE OR COUNTRY) Missouri

13. NAME Albert Lechner

14. BIRTHPLACE (CITY OR TOWN) Verona (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Gertrude Rausch

16. BIRTHPLACE (CITY OR TOWN) Verona (STATE OR COUNTRY) Missouri

17. INFORMANT Albert Lechner (ADDRESS) Verona, Missouri

18. BURIAL PLACE Catholic Cemetery DATE Dec. 24, 1937

19. UNDERTAKER Wicks Funeral Home (ADDRESS) Verona, Mo.

20. FILED 1/10 1938 A. J. Rudis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 10, 1937, to December 22, 1937

I last saw him alive on December 22, 1937. Death is said to have occurred on the date stated above, at 7:00 a.m.

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

Bronchopneumonia, bilateral, basilar Date of onset 12/17/37

Other contributory causes of importance: Septicemia, streptococci, meningitis 12/1/37

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

What test confirmed diagnosis? Cerebral 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) Dr. Samuel L. Halsey, M. D. (Address) The Halsey Clinic, 146 Chestnut St.,

Verona, 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.

