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.

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

Do not use this space.

File No. 1751

Registered No. 439

1. PLACE OF DEATH St Lukes Hospital
County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. St Lukes Hospital St. Ward)

2. FULL NAME Hale W. Lenty 532
(a) Residence, No. St., Ward. Hardin Mo
(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 M
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-26-1880

7. AGE: YEARS 58 | MONTHS | DAYS 1 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dealer & Farmer
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) Hardin, Mo

FATHER
13. NAME James Lenty
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Kate Sinclair
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo

17. INFORMANT Mrs Flora Lenty
(ADDRESS) Hardin, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hardin Mo DATE 1-29-1938

19. UNDERTAKER John W Kingsfield
(ADDRESS)

20. FILED Jan 27, 1938 M M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Pneumonia & M Done, 19.... I last saw him alive on Me 8 37 A Jan 27 19.... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 wk
Myocardial Cardiac	4 yrs
Other contributory causes of importance: Acute Cardiac Failure	1 day

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy 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? .....
If so, specify .....
(Signed) Clemens Lothring M.D.
(Address) St Lukes Hospital

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MO. STATE BOARD OF HEALTH