REC'D APR 22 1938

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

Do not use this space.

File No. 12220
Registered No. 6

1. PLACE OF DEATH
County: Pulaski
Township: Lebanon
City: (No. , St. Ward)
Registration District No. 801
Primary Registration District No. 6045

2. FULL NAME: Eva Catherine Lemler 546

(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 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frederick M. Lemler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 6 1855

7. AGE: Years 82 | Months 10 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
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): Nov. 1937
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Florence Mo

FATHER
13. NAME: Fredrick Kurtz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pettis Co Mo

MOTHER
15. MAIDEN NAME: Catherine Steigle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. W. L. Bonell Sweet Springs Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hanover Cem. DATE: Mar 18 1938

19. UNDERTAKER (ADDRESS): R. C. Chester Sweet Springs Mo

20. FILED 3-18 1938 John S. Hallenbeger Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8 1938 to March 15 1938
I last saw her alive on March 14 1938 Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset Feb 8 1938
105°

Other contributory causes of importance:
Interstitial Pneumonia — Feb. 15, 1938

Name of operation: None Date of —
What test confirmed diagnosis? Clinical 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) A. H. Ringen, M. D.
(Address) Sweet Springs, Mo

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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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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