REC'D JUN 10 1938

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

Do not use this space.

1. PLACE OF DEATH
County St Francois
Township Randolph
City ~~Elvins~~ Mo. (No. ..... St. ..... Ward)
Elvins Mo

Registration District No. 772
Primary Registration District No. 6024C

File No. 19383
Registered No. 779

2. FULL NAME Julia Ann Lenard 563

(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 X
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 13, 1861

7. AGE YEARS 76 MONTHS 7 DAYS 5 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) 5-18-38
11. Total time (years) spent in this occupation 55

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

FATHER
13. NAME Michal Gibbone
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Margaret Garrett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Lena Rattley Doe Run Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Doe Run Mo DATE 5-20 1938

19. UNDERTAKER (ADDRESS) Jos Diemer FLAT RIVER MO

20. FILED 6/3 1938 C B Farrar MD Registrar. 697

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1938, to May 18, 1938
I last saw her alive on May 15, 1938. Death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:

Diabetes -
Gangrene of Leg as far up as left hip

Date of onset

Other contributory causes of importance: 54.

Name of operation Clinical Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) R. Appleberry, M. D.
(Address) Bonnie Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.