

REC'D SEP 23 1938

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

29353
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 470
 (b) Township Waverly Primary Registration District No. 12638
 (c) City Mt Vernon Mo (d) Street Missouri State Van Registered No. 104
 (e) Length of residence in city or town where death occurred 4 yrs. 2 mos. 19 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Carrollton Mo St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10, 1910

7. AGE YEARS 28 MONTHS 6 DAYS 13 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) Sept 1934 11. Total time (years) spent in this occupation

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

FATHER 13. NAME Reuben Smith Lester

14. BIRTHPLACE (CITY OR TOWN) Johnson Co. (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Pinkney Brown

16. BIRTHPLACE (CITY OR TOWN) Johnson Co (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mr. M. J. Gel, 1414 Clark
Missouri State Van

18. BURIAL, CREMATION, OR REMOVAL PLACE Carrollton, Mo. DATE Aug 25, 1938

19. FUNERAL DIRECTOR (NAME) Willis F. J. Moore (ADDRESS) Carrollton, Mo.

20. FILED Aug 25, 1938 P. A. Holmes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1934 to Aug 23, 1938. I last saw h. l. m. alive on Aug 23, 1938. Death is said to have occurred on the date stated above, at 11:25 P.M.

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

Pulmonary Tuberculosis Date of onset Dec 1933

Other contributory causes of importance: 220

Name of operation _____ 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) P. A. Holmes, M. D.
 (Address) 220

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

J. E. Willis

Willie General Home
Carrollton Mo

RECEIVED

District Health Officer No. 6,

District File Number 6-38-149

Date Filed 9-20-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

R. M. Marshall

or by

Registered Apprentice No., working under my personal supervision.

Signed

R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.