

NOV 17 1938

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

Do not use this space.

25426

1. PLACE OF DEATH

County Clay Registration District No. 196
Township Salisbury River Primary Registration District No. 3011
City Excelsior Springs Mo.

File No. _____
Registered No. 145 St. _____ Ward _____

2. FULL NAME

William U. Lessinger

(a) Residence, No. 320 Foley St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1938, to Oct. 18, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 24-1872

I last saw him alive on Oct 14, 1938 Death is said to have occurred on the date stated above, at 9:15 p.m.

7. AGE YEARS 66 MONTHS 8 DAYS 17 If LESS than 1 day, hrs. or min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

Chronic Myocarditis
acute cystitis

Date of onset

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

Other contributory causes of importance: Obstructive

history 0 month

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) Cedar Rapids Iowa

13. NAME Frank Lessinger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Francis Podlisky

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs Tilley Lessinger (ADDRESS) Excelsior Springs Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Rapids Iowa DATE 10-13-38

19. UNDERTAKER Herbert Hope (ADDRESS) Excelsior Springs Mo.

20. FILED Oct 12, 1938 Thomas M. Buckley Registrar.

Name of operation none Date of _____

What test confirmed diagnosis? physical findings Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no, 19_____

Where did injury occur? no (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 SR M. Broken (Signed) _____ M. D. (Address) Excelsior Springs 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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11/13/38