

REC'D FEB 6 1939

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

Do not use this space.

1433

1. PLACE OF DEATH

County Adair Registration District No. 4
Township 1 Primary Registration District No. 3001
City Kirksville (No. 1015 East Harrison St. Ward I)

File No. 1433
Registered No. 1 Ward

2. FULL NAME

Mable Lucille Lehn
(a) Residence, No. 1015 East Harrison St. Ward I
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-16-1897</u>		
7. AGE	YEARS <u>41</u>	MONTHS <u>I</u>
		DAYS <u>63</u>
	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School Teacher</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Greenwood School</u>	
	10. Date deceased last worked at this occupation (month and year) <u>November 1938</u>	11. Total time (years) spent in this occupation <u>11 yr.</u>
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Green City Missouri</u>	
	13. NAME <u>George V. Lehn</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Green City Missouri</u>	
	15. MAIDEN NAME <u>Artha G. Davis</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Green City Missouri</u>		
17. INFORMANT (ADDRESS) <u>G. V. Lehn Kirksville Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maple Hill Memorial Park</u> DATE <u>Jan. 22 1939</u>		
19. UNDERTAKER (ADDRESS) <u>Deebley Funerl Home 3 Kirksville Mo.</u>		
20. FILED <u>Jan. 23 1939</u> <u>Spencer L. Freeman</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 19 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1925, to Jan 20 1939 1939
I last saw him alive on Jan 20 1939 1939. Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:
marginal ulcer stenosis
Date of onset 2 yr.

Other contributory causes of importance:
Enterocolitis July 1934
Arthritis of spine

Name of operation _____ Date of _____
What test confirmed diagnosis? Lab. & X-ray 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) E. H. Lang, M.D.
(Address) Kirksville 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. 10

District File Number 10-39-4

Date Filed FEB 2, 1939