

REC'D MAY 12 1939

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

14107  
 Do not use this space.

## 1. PLACE OF DEATH

(a) County Andrew Registration District No. 11  
 (b) Township Jackson Primary Registration District No. 2015 Registered No. \_\_\_\_\_  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Maggie B. Lemon

(a) Residence, No. Jackson Andrew County Mo. St.  (If nonresident, give city or town and State)  
*(Residence)* (If no street address, write county or city)

## 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 John William Lemon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 2 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT home  
 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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Logan County Ill.

FATHER 13. NAME William Blakley

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

MOTHER 15. MAIDEN NAME Eliza Attebery

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un known UNKNOWN

17. INFORMANT (ADDRESS) Mrs. Ray Wright Savannah Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Fillmore DATE 4 - 18 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. C. Breit Savannah MO

20. FILED April 18 1939 Mrs. Addie Barnes Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan - 18 1939 to April 16 1939  
 last saw him alive on April 16 1939. Death is said to have occurred on the date stated above, at 1/30 p. m.

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

Carcinoma of Lung Date of onset no facts  
10 Left

Other contributory causes of importance: 47

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? PTX 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 none  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_ M. D.  
 (Signed) M. L. Holliday M. D.

(Address) Fillmore Mo

RECEIVED

District Health Officer No. 11,

District File Number 39-410

Date Filed MAY 3 1939

**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, \_\_\_\_\_

*E. C. Breit*

or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed *E. C. Breit*

Licensed Embalmer No. 2650

P. O. Address Savannah mo

**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.**