

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

Do not use this space.

REC'D AUG 14 1939

1. PLACE OF DEATH

County Cooper Registration District No. 218 File No. 25442
 Township _____ Primary Registration District No. 3013 Registered No. 74
 City Boonville (No. 1 St Joseph Hospital St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. Moniteau County 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Katch, ff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28 - 1871

7. AGE YEARS 71 MONTHS 4 DAYS 4 If LESS than 1 day, hrs. or min.

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

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau County Mo.

13. NAME Peter L Lehman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wyane County Ohio

15. MAIDEN NAME Rebecca Knight

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

17. INFORMANT Mrs Ben. F. Lehman

18. BURIAL, CREMATION, OR REMOVAL PLACE Northwell - Morgan St July 3 - 1939

19. UNDERTAKER (ADDRESS) W. F. Kidwell Versailles, Mo

20. FILED 7-3 1939 Dr Cooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2nd 1939

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1939, to July 2nd, 1939
 I last saw him alive on July 1st, 1939 Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Enlarged parathyroid gland
Chronic hepatitis - Toxic

Other contributory causes of importance: 121

Name of operation Open prostatectomy Date of July 1 1939

What test confirmed diagnosis? lab 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) Dr. Rawlins, M. D.
 (Address) Boonville 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.

I hereby certify that the ^{body} name whose is recorded
on the reverse side of this certificate was entered
by me.

Gene Bartram
FC 21
Versailles, Mo.

JUN 2 1951

RECEIVED
District Health Officer No. 8,
District File Number
8539
Date Filed