

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

41064
Do not use this space.

1. PLACE OF DEATH
 (a) County Vernon 3 Registration District No. 875
 (b) Township Washington 1 Primary Registration District No. 6162 Registered No. 279
 (c) City _____ (d) Street No. St Hospital #3 _____ 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 11 yrs. 3 mos. 6 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME 200 Mary Lesco
 (a) Residence, No. Wassala City Mo _____ St. _____
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 J. Ed. Lesco
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1883
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 7 5
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Blousewife
 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) Eureka Missouri
 13. NAME Jerry M. Barnes
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 15. MAIDEN NAME Elizabeth Boyd
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 17. INFORMANT (ADDRESS) Woop. Reed
 18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill Mo DATE Nov 6 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mo to L. Jantel
118 Brooker R. C. No
 20. FILED Nov 6 1939 Allen V. Hays
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6 1939
 22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1938, to Nov 6 1939
 I last saw h. alive on Nov 5 1939 Death is said to have occurred on the date stated above, at 5:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Bilateral Broncho pneumonia 11/3/39
Exopharynx
General paresis
 Date of onset
 Other contributory causes of importance:
General paresis
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes
 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) Wm. J. Cremer M. D.
 (Address) Madison 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. 7,

District File Number 12-39-1703

Date Filed 12-12-39

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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.