

FILED AUG 7 1940

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

2 CERTIFICATE OF DEATH

Do not use this space.

25810

1. PLACE OF DEATH

County MontgomeryRegistration District No. 595Township Upper LakePrimary Registration District No. 5791City 06

St. _____ Ward _____

2. FULL NAME

(a) Residence No. John Lehman Martinsburg Mo Rural

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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 OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Senna Lehman6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov - 1 - 18627. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin. 77 8 138. 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) Canada13. NAME Godfrey Lehman14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada15. MAIDEN NAME Not known16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) A. W. Lehman Merco Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Wellsville Mo DATE July 17 194019. UNDERTAKER (ADDRESS) F. W. Thurbin Wellsville Mo20. FILED July 17 1940 Mrs. Mike Mc Dermott Registrar. No. 57521. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 194022. I HEREBY CERTIFY, That I attended deceased from July 2, 1939, to July 14, 1940I last saw him alive on July 14, 1940. 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:

Carcinoma of stomach Date of onset 1939Other contributory causes of importance: Metastasis in liver

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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) A. A. Markard D. _____(Address) Wellsville, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIAN'S SIGNATURE

