

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.

JUL 10 1934

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

Do not use this space.

20182

1. PLACE OF DEATH
 County Harrison Registration District No. 347
 Township Clinton mo. Primary Registration District No. 3018
 City Clinton mo. (No.) St. Ward

2. FULL NAME Edward Hummer Lemon
 (a) Residence, No. 712 Waller 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with last word) Wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pearl Lemon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3 1886

7. AGE YEARS 47 MONTHS 9 DAYS IF LESS than 1 day, hrs. or min.

OCCUPATION
 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) Clinton mo.

MOTHER
 13. NAME John Lemon
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Co.
 15. MAIDEN NAME Ellen Smith
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Co.

FATHER
 17. INFORMANT (ADDRESS) Mrs. C. de White man
 18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 6/5 34

19. UNDERTAKER (ADDRESS) Spare & Son
Clinton mo.

20. FILED 6-5-34 Dr. J. R. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3rd 1934

I HEREBY CERTIFY, That I deceased deceased from June 3rd 1934 to , 1934.
 I last saw him/her on June 3rd 1934 Death is said to have occurred on the date stated above at home by my death
 The principal cause of death and related causes of importance were as follows:
Diabetes of 10 years duration Date of onset
His body was in rigor mortis when found in his home
 Other contributory causes of importance where he lived above on above date about 7. A. M.
59
 Name of operation None Date of
 What test confirmed diagnosis? 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) W. J. Jennings, Coroner
 (Address) Clinton mo. of Harrison

