

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

Do not use this space.

S. B. Lemmon
25936

1. PLACE OF DEATH

39 County Springfield Registration District No. 318
 9 Township Springfield Mo Primary Registration District No. 2001
 5 City Springfield (No. 519 W. Calhoun) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 51920 W. Calhoun 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OR (OR) WIFE OF <u>Charles Jensen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 15 1868</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>5</u>	DAYS <u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>		
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent on this occupation _____		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15 1932
 22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1932 to _____, 19____
 I last saw him alive on Aug 1 1932. Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis
 Other contributory causes of importance:
HT 917

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Springfield Mo</u>
13. NAME <u>Robert Taylor</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Springfield Mo</u>
15. MAIDEN NAME <u>Elizabeth Jensen</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Springfield Mo</u>
17. INFORMANT (ADDRESS) <u>Springfield Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>Aug 17 32</u>
19. UNDERTAKER (ADDRESS) <u>Springfield Mo</u>
20. FILED <u>8-17-32</u> <u>Ralph W. Layton</u> Registrar.

Name of operation _____ 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) S. B. Lemmon, M. D.
 (Address) SPRINGFIELD, 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.

SEP 22 1932

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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