

APR 21 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

11661

1. PLACE OF DEATH

County

Monroe

Registration District No.

527

Township

Delaware

Primary Registration District No.

5975

City

(No.)

Wich Lehan

St.

Ward

2. FULL NAME

(a) Residence, No.

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

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Caroline L. Lehan

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

Aug 18 - 1852

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

83

7

1

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)

Ohio

FATHER

13. NAME

Abraham Lehan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ohio

MOTHER

15. MAIDEN NAME

Barbara Loganbill

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

Switzerland

17. INFORMANT (ADDRESS)

John Lehan
California Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE

Bethel Cem

DATE *3/21 1936*

19. UNDERTAKER (ADDRESS)

Hellweges & Friedmeyer
California Mo

20. FILED

Apr 10 1936 Matilda Robertson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

March 19 1936

22. I HEREBY CERTIFY, That I attended deceased from

Jan 1st 1934 to March 19 1936

I last saw him alive on *March 19 1936*. Death is said

to have occurred on the date stated above, at *7 A. M.*

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

Cancer of soft jaw
45

Date of onset

Other contributory causes of importance:

Name of operation *no operation*. Date of

What test confirmed diagnosis? *no* 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

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) *H. E. Blacksten* M. D.

(Address) *Versailles, Mo. (R)*

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.

