

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

Do not use this space.

34168

1. PLACE OF DEATH

County Jasper
Township Webb City
City Webb City (No.)

Registration District No. 417
Primary Registration District No. 3021

File No.
Registered No. 147 (Ward)

2. FULL NAME

William Robert Lester
(a) Residence. No. 307 N. Jones St., Ward:

(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>Male</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 OF (OR) WIFE OF <u>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 30, 1840</u>		
7. AGE	YEARS <u>89</u>	MONTHS <u>X</u>
	DAYS <u>27</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>Retired</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Farmer</u>		
(c) Name of employer <u> </u>		

9. BIRTHPLACE (CITY OR TOWN) Monitau County
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT Wilhel Lester
(Address) 307 N. Jones St.

15. FILED 10-28-29 R. M. Stinson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 27 1929

17. I HEREBY CERTIFY, That I attended deceased from 1929 to 1929
that I last saw alive on 10-26-29 and that death occurred, on the date stated above, at 12.20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Epithelioma of nose
52 (duration) 52 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 48
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. no

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Dr. Dumbauld M. D.
29, 1929 (Address) Webb City Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL California, Mo DATE OF BURIAL 10/29/29

20. UNDERTAKER Webb City Und Co ADDRESS Webb City

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.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

1929

31

