

Cynthiana Democrat - August 3, 1939

WALTER LEMONS

Walter Lemons, 59 years old, retired farmer, died Saturday, July 29, at the Harrison Memorial hospital after an illness of several months. The body was removed to the Smith-Rees Home and later taken to the residence on Pleasant street where funeral services were held Monday morning at 10 o'clock with the Rev. Bruce Strother officiating, assisted by the Rev. C. N. Barnette. Burial in Battle Grove cemetery. Pall bearers, George Lemons, Felix Oder, Harold King, Hugh French, Thos. A. Mullen and Roy Levi. Mr. Lemons was born in this county, July 17, 1880, a son of W. J. Lemons and the late Malissa Mullen Lemons. He was twice married, his first wife, Mrs. Hattie Clough Lemons, died several years ago. An industrious and progressive farmer, Mr. Lemons had been active in agricultural affairs and later coming from the farm to Cynthiana was engaged for many years in the operation of The Lemonette where his courteous treatment of customers added to his large circle of friends. He was a devoted husband, son and father and a man of integrity in all business dealings, and held in high regard in the community. His passing is a matter of much regret. He was a member of the Cynthiana Methodist church, and of the local Elks lodge. Besides his father, Mr. Lemons is survived by his wife, Mrs. Edith Oder Lemons, a daughter by the first marriage, Mrs. Garnett T. King and a step-daughter, Mrs. Porter Carroll.

Lemons, Walter 1880 - 1939

Form V. B. 1-A
COMMONWEALTH OF KENTUCKY
 Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. **17406**
 Registered No. **70**

1. PLACE OF DEATH
 County Harrison
 City Cynthiana
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Walter Lemons
 (a) Residence, No. Phasant 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. dt. How long in U. S., if of foreign birth? yrs. mos. dt.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Married</u>		21. DATE OF DEATH <u>July 29</u> , 19 <u>39</u>	22. I HEREBY CERTIFY, That I attended deceased from <u> </u> , 19 <u> </u> to <u> </u> , 19 <u> </u> . I last saw h. alive on <u> </u> , 19 <u> </u> . Death is said to have occurred on the date stated above, at <u> </u> m. The principal cause of death and related causes of importance in order of onset were as follows: <u>Septicemia</u> <u>152-36</u> Contributory causes of importance not related to principal cause: <u>Rectal Operation</u>
6. DATE OF BIRTH <u>July 17 1880</u>				Date of onset <u>June 27</u>	
7. AGE years <u>59</u> months <u>0</u> days <u>17</u> If LESS than 1 day.....hrs. or.....min.				Date of onset <u>May 27</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				Name of operation <u> </u> Date of <u> </u>	
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.				What test confirmed diagnosis? <u> </u> Was there an autopsy? <u> </u>	
10. Date deceased last worked at this occupation (month and year)				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u> </u> date of injury <u> </u> 19 <u> </u> Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
11. Total time (years) spent in this occupation				Manner of injury <u> </u>	
12. BIRTHPLACE <u>Harrison Co Ky</u>				Nature of injury <u> </u>	
13. NAME <u>W J Lemons</u>				24. Was disease or injury in any way related to occupation of deceased? <u> </u> If so specify <u>8398</u>	
14. BIRTHPLACE <u>Harrison Co Ky</u>				(Signed) <u>N. L. Lewis</u> , M. D.	
15. MAIDEN NAME <u>Maliea Walker</u>				(Address) <u>Cynthiana Ky.</u>	
16. BIRTHPLACE <u>Harrison Co Ky</u>					
17. INFORMANT <u>Mr Edith Lemons</u> (Address) <u>Cynthiana Ky</u>					
18. BURIAL INFORMATION, OR REMOVAL Place <u>Battle Ground</u> Date <u>July 31</u> , 19 <u>39</u>					
19. UNDERTAKER <u>Smith-Rhea Co</u> (Address) <u>Cynthiana Ky</u>					
20. FILE <u>July 31</u> <u> </u>					

N. B. WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied and EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.