

DEC 30 1936

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

Do not use this space.

42270

1. PLACE OF DEATH

County

Ray

Registration District No.

740

Township

Crockett

Primary Registration District No.

44

City

Hardin

(No.

File No.

17

Registered No.

St.

Ward)

2. FULL NAME

Maris Marie Lee - Premature

(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

Female

4. COLOR OR RACE

white

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

Single

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

—

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

Nov 7 - 1936

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

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)

no

11. Total time (years) spent in this occupation

—

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

Hardin, Mo.

FATHER

13. NAME

Charles Lee

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

Russellville, Mo.

MOTHER

15. MAIDEN NAME

Velma Foster

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

Hardin, Mo.

17. INFORMANT (ADDRESS)

Albert Lee

18. BURIAL, CREMATION, OR REMOVAL

PLACE

New Hope

DATE

Nov 7

1936

19. UNDERTAKER (ADDRESS)

Albert Lee, Hardin, Mo.

20. FILED

Nov 7 1936

H. J. Wilkford Registrar

MEDICAL CERTIFICATE OF DEATH

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

Nov 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Nov 7, 1936, to Nov 7, 1936.

I last saw her alive on Nov 7, 1936. Death is said

to have occurred on the date stated above, at 3.9 a. m.

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

Premature Birth

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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)

Marvin Bruns

, M. D.

(Address)

Hardin, 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.

