

JAN 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County Basf
Township _____
City Richmond (No. _____ St. _____ Ward _____)

Registration District No. 744
Primary Registration District No. 3035

File No. 2742
Registered No. 1

2. FULL NAME Elizabeth Ann Lee

(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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>W</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBANDS-OR (OR) WIFE OF <u>John Lee</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug - 7 - 1895</u>				
7. AGE <u>41</u> YEARS	MONTHS <u>4</u>	DAYS <u>28</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Duties</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>231</u>			
	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) <u>Richman England</u>				
FATHER	13. NAME <u>George Lee</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Durham England</u>			
	15. MAIDEN NAME <u>Ester</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Durham England</u>			
	17. INFORMANT <u>Mary Lee</u> (ADDRESS) <u>Richmond Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Richmond Mo</u> DATE <u>Jan 8 1937</u>				
19. UNDERTAKER <u>E. Strouman</u> (ADDRESS) <u>Richmond Mo</u>				
20. FILED <u>1/9/1937</u> <u>E. C. Day</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 to Jan 4, 1937
last saw him alive on Jan 4, 1937. Death is said to have occurred on the date stated above, at 11:45 a.m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia 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) E. C. Day, M. D.
(Address) Richmond 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.

