

JAN 20 1936

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

Do not use this space.

40737-2

1. PLACE OF DEATH

County Bay  
Township Shope Grove  
City (No. ....)

Registration District No. 914  
Primary Registration District No. 6233

File No. ....  
Registered No. 15  
St. .... Ward)

2. FULL NAME

(a) Residence, No. St. Missouri St. .... Ward. ....

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 6 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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jessie U. Lee</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 10, 1869</u>		
7. AGE YEARS <u>66</u>	MONTHS <u>8</u>	DAYS <u>14</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>		
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) <u>December 22, 1935</u>		11. Total time (years) spent in this occupation <u>6</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elkhorn, Missouri

13. NAME John Lee

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

15. MAIDEN NAME Mattie Gates

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

17. INFORMANT Mrs. Basal Lee  
(ADDRESS) Barden, Missouri

18. BURIAL, CREMATION, OR REMOVAL  
PLACE New Hope DATE Dec 26, 1935

19. UNDERTAKER John Knipschild Barden, Mo.  
(ADDRESS)

20. FILED Dec 24, 1935 - W E Gant  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24 - 1935

22. I HEREBY CERTIFY, That I attended deceased from  
....., 19....., to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 3 P.m.

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

Chronic Myocarditis  
Date of onset

Other contributory causes of importance  
None

Name of operation  
What test confirmed diagnosis clinical 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 ..... 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) C. E. Jay, Coroner M. D.  
(Address) Richmond Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

