

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

Do not use this space.

41818

1. PLACE OF DEATH

County Ray Registration District No. 747 File No. _____
 Township Richmond Primary Registration District No. 5976B Registered No. 112
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Pauline 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 29-1907

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	21	11	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mtville Mo.

10. NAME OF FATHER

C. O. Branster

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Mtville Mo

12. MAIDEN NAME OF MOTHER

Beaue Roberts

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ark.

14. INFORMANT

Callie Roberts
 (Address) Richmond R. S.

15.

Dec 27, 1929 C. C. Lay
 FILED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 22 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 1928, to Dec 20, 1929
 that I last saw her alive on Dec 20, 1929 and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131 1928 1929 Mitral Stenosis
 (duration) 2 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis
 (duration) 6 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) John McNeil M. D.

19 (Address) Richmond

*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

DATE OF BURIAL

Wakenlaw Cem Dec 23, 1929

20. UNDERTAKER

ADDRESS

Geo W. Kirschchild 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.

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200
1000
660
6000