

FEB 24 1936

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

Do not use this space.

2643

1. PLACE OF DEATH

County Ray
Township Richmond
City Rayville (No. 3)

Registration District No. 744
Primary Registration District No. 3035

File No.
Registered No. 10 (Ward)

2. FULL NAME

(a) Residence. No. St. Ward.
(Usual place of abode)
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.
(If nonresident, give city or town and State)

Rex Lee (Premature Birth)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) r

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 20-1936
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
r r r 2 hrs.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Rayville
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Gordon Lee
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Rayco. Mo
12. MAIDEN NAME OF MOTHER Lucretia Reeder
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Rayco. Mo

14. INFORMANT Gordon Lee
(Address) Rayville, Mo

15. FILED 2-10-36 E. E. Gay REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan - 20 1936

17. I HEREBY CERTIFY, That I attended deceased from Jan 20 1936 to Jan 20 1936 that I last saw him alive on Jan - 20 1936 and that death occurred, on the date stated above, at 8:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart Exhaustion

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY)

Premature Birth

(duration) ... yrs. ... mos. ... 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? H. A. Cox

(Signed) H. A. Cox, M. D.

, 19 (Address) Rayville Mo.

*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 Crawley Cem DATE OF BURIAL 1-20 1936

20. UNDERTAKER J. E. Broadhurst ADDRESS Rayville

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.

SHIRT LABEL, WITH CREATING INSTRUMENTS IS A PERMANENT RECORD

