

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

Do not use this space.

JAN 20 1936

40732

**1. PLACE OF DEATH**

County RAY  
Township RICHMOND  
City RICHMOND (No. \_\_\_\_\_)

Registration District No. 744  
Primary Registration District No. 3033

File No. \_\_\_\_\_  
Registered No. 114  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Thelma Estella 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>FE</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>RAYMOND LEE</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>SEPT. 25 1903</u>		
7. AGE <u>35</u>	YEARS <u>32</u>	MONTHS <u>2</u>
	DAYS <u>21</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>Housewife</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) _____
	11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) RAY CO.  
(STATE OR COUNTRY) MO.

13. NAME GEORGE BAKER

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

15. MAIDEN NAME MOLLY OLINGER

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

17. INFORMANT RAYMOND LEE  
(ADDRESS) RICHMOND MO.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE RICHMOND MO. DATE 12/15/35, 19\_\_

19. UNDERTAKER C. M. Joiner  
(ADDRESS) Richmond Mo.

20. FILED 1-9 1936 E. E. Day  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1935 to Dec 16, 1935  
I last saw her alive on Dec 11, 1935. Death is said to have occurred on the date stated above, at 6:30 PM

The principal cause of death and related causes of importance were as follows:  
Pulmonary Tuberculosis Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Tuberculosis Hip Joint

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
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? Yes  
If so, specify \_\_\_\_\_  
(Signed) C. M. Joiner, 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.

