

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

PLACE OF DEATH

County Miss
Township Ohio
or
Village _____
or
City _____ (NO. _____ St.: _____ Ward _____)

Registration District No. 569

File No. 9856

Primary Registration District No. 5745

Registered No. 1

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Robert E. Lee

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED <u>Single</u> WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH <u>Dec 12, 1917</u> (Month) (Day) (Year)		
AGE <u>3 yrs. 12 mos. 12 ds.</u>		If LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____		
BIRTHPLACE (City or town, State or foreign country) <u>Miss co Mo</u>		
PARENTS	NAME OF FATHER <u>Sam Thomas Lee</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Union Co Ky</u>	
	MAIDEN NAME OF MOTHER <u>Jessie L Powell</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Union Co Ky</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 24, 1918
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 23, 1918, to March 24, 1918, that I last saw him alive on March 24, 1918, and that death occurred, on the date stated above, at 10:58 am.

The CAUSE OF DEATH* was as follows:

congestive chill

38 9/10

(Duration) ___ yrs. ___ mos. 1 ds.

Contributory

(SECONDARY)

(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) A. Marshall

M. D.

March 24, 1918

(Address) Wright mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sam Thomas Lee

(ADDRESS) Wright mo

Filed 5/4

191 8

E. J. Hawks

REGISTRAR

PLACE OF BURIAL OR REMOVAL

Ameston Mo

DATE OF BURIAL

2/24 1918

UNDERTAKER

Lair Fall Co

ADDRESS

Ameston Mo

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.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never refer to "Laborer," "Teamster," "Manager," "Dealer," etc., without more precise specification, as *Dealer in shoes*, *Team Leader*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a finite salary), may be entered as *Housewife*, *Laundress*, or *Aid to household*, and children not gainfully employed, as *At school* or *at home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc. of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*

Whooping cough; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was performed. Do not state means of injury and unless a FOREIGN, LOCAL, or HOME-PRODUCED, or a *probable* such, is important to determine definiteness. Example: *Accidental drowning*; *Struck by railway train—suicide*; *Reverberant wound of head—homicide*; *Struck by carbon pit—probable suicide*. The nature of the injury, the fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)