CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 3 1928

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

Do not use this space.

29445

1. PLACE OF DEATH
County Audrain — Registration District No. 26 — File No.
Township Salt River — Primary Registration District No. 3002 — Registered No. 162
City Mexico (No. ..... St. ..... Ward)

2. FULL NAME Mrs. Alice Brookins 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: Black
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Dont know date of month
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 1906
7. AGE: YEARS 21 — MONTHS 9 — DAYS — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Martinsburg
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Eugene Brookins
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Dont know
12. MAIDEN NAME OF MOTHER Anna Miller
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) — Unknown

14. INFORMANT Mrs. Eugene Wright
(Address) Mexico Mo.

15. FILED Nov 26th 1927 Ira S. Milligan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 26 1927
17. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19..., that I last saw h..... alive on ..... 19..., and that death occurred, on the date stated above, at ..... m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Died with medical attention
Supposed to have been a General Venereal Infection
several months (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) 135933 (B) (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? none
(Signed) S. C. Adams, Coroner of Audrain Co. M.D.
, 19 (Address) Mexico Mo Co 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: Martinsburg Mo. — DATE OF BURIAL: Oct. 30 1927
20. UNDERTAKER: K. B. Wells — ADDRESS: Wellsville Mo.

quested to make every effort ... 162

ted by check marks, lacking from the death certificate:

me: Mrs. Alice Brookins Lee

o died at: Mexico, Mo. on Oct. 26, 1927,

esidence: No. _____ St. _____
(If nonresident, city or town)

ength of residence in city or town where death occurred: Years _____ Months _____ Days _____

x: _____ Color or race: _____ Single, married, widowed or divorced: _____

ate of birth: _____ Age: Years ____ Months _____ Days _____

ccupation: (a) Trade _____ (b) Industry: _____

irthplace (State or country) _____

irthplace of father (State or country) _____

irthplace of mother (State or country) _____

AUSE OF DEATH: Died without Medical attention supposed to have been a general vesical infection.

Contributory: Infected from Sexual intercourse, and had affected the whole system. On ~~[illegible]~~ agravated case from observation after death. Coroner

Where was disease contracted? _____

Did operation precede death? _____ Date of _____

S-29445