

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

Do not use this space.

29464

1. PLACE OF DEATH

County Barry Registration District No. 30 File No. _____
 Township _____ Primary Registration District No. 3003 Registered No. 74
 City Monett (No. _____) St. _____ Ward _____

2. FULL NAME

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 26, 1841

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
86 7 5 0 0 0

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) Barry Co, Mo

10. NAME OF FATHER Wm Wheeler Lee

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Genoa

12. MAIDEN NAME OF MOTHER Caroline Coleman Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Genoa

14. INFORMANT (Address) Mr J M Markus Monett, Mo.

15. FILED 10-31-27 W M West REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 31 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1927, to Oct 31, 1927 that I last saw her alive on Oct 27, 1927, and that death occurred, on the date stated above, at 3 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial nephritis

18. WHERE WAS DISEASE CONTRACTED (Duration) ? yrs. mos. da. 131 ? yrs. 2 mos. 16 da.
 CONTRIBUTORY (SECONDARY) 1290 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED (IF NOT AT PLACE OF DEATH) at place of death

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
 (Signed) Ernest Mitchell, M. D.
 , 19 (Address) Monett 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 DATE OF BURIAL
Bethel Cemetery 11-1 1927

20. UNDERTAKER ADDRESS
Callaway's Monett

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.

