

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

Do not use this space.

33876

JAN 5 1928

PLACE OF DEATH

County Jasper
Township Jasper
City Jasper (No. 1619)

Registration District No. 411
Primary Registration District No. 2002

File No. _____
Registered No. 540
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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy Lee's

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 25-1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 7 23

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work retired
(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) Germany

10. NAME OF FATHER Lees

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

12. MAIDEN NAME OF MOTHER Reed

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

14. INFORMANT (Address) Mrs John Bechel Jasper Mo

15. FILED 11/21 19 27 W. B. Benson Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-17-27

17. I HEREBY CERTIFY That I attended deceased from 11-17-27, 1927, to 11-17-27, 1927, and that I last saw him alive on 11-17-27, 1927, and that death occurred, on the date stated above, at 11 a m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Myocardial Regurgitation
92A (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) AW (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH _____

8 Did an OPERATION PRECEDE DEATH? DATE OF _____ WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS (Signed) A. S. Dickey, M. D. Jasper Mo (Address) 1140 27
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 Normal Park DATE OF BURIAL 11/19 28

20. UNDERTAKER W. B. Benson ADDRESS Jasper 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.

