MAY 29 1928

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

Do not use this space.

12464

1. PLACE OF DEATH
County Caldwell — Registration District No. 93 — File No.
Township Jarvis — Primary Registration District No. 4055 — Registered No. 6
City Braymer (No. ..... St. ..... Ward)

2. FULL NAME Mary Susan 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 18 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wm Lee

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 26 - 1865

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
62	7	6	

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): Ludlow, Mo

PARENTS
10. NAME OF FATHER: John M. Jarvis.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): N. Caroline
12. MAIDEN NAME OF MOTHER: Rebecca Kizzel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn

14. INFORMANT: Wm Lee
(Address): Braymer Mo

15. FILED: Apr 22 1928. H. H. Patterson, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 22, 1928.

17. I HEREBY CERTIFY, That I attended deceased from April 13, 1928 to April 22, 1928 that I last saw her alive on April 21, 1928, and that death occurred, on the date stated above, at 5:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aortic Insufficiency
92 H
97
(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY): General arteriosclerosis
(duration) 5 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? Clinical signs & symptoms
(Signed) Geo S Dowell, M. D
4-24, 1928 (Address) Braymer, 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: Evergreen — DATE OF BURIAL: Apr 24 1928

20. UNDERTAKER: G. F. Meal — ADDRESS: Braymer Mo