

FP 27 1928

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

Do not use this space.

28148

1. PLACE OF DEATH

County Pettis  
Township Bowling Green  
City (No. ....) .....

Registration District No. 670  
Primary Registration District No. 5893

File No. 17  
Registered No. 1  
St. .... Ward)

2. FULL NAME

Emma 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. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 21 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
65 | 9 | 1

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) .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Jonathan Falls

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

12. MAIDEN NAME OF MOTHER Maria Aldridge

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

14. INFORMANT J.H. Lee (Address) Beaman Mass

15. FILED Sept 3, 1928 Floresie Ferguson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY That I attended deceased from Jan 10 1928 to Aug 22 1928 that I last saw her alive on Aug 21 1928, and that death occurred, on the date stated above, at 11:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of stomach

W.B. L.H.O. (duration) 6 yrs. 6 mos. 6 da.

CONTRIBUTORY (SECONDARY) None (duration) .... yrs. .... mos. .... da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? By work (Unknown)

DID AN OPERATION PRECEDE DEATH? No DATE OF ... WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Chronic dropsic (Signed) Chas. H. ..., M. D. (Address) Beaman Mass

\*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 Beaman Mass DATE OF BURIAL Aug 24 1928

20. UNDERTAKER Fellipsis ADDRESS Sedalia

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.

