

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

Do not use this space.

30618

**1. PLACE OF DEATH**

County Jackson  
Township Franklin  
City Franklin (Name of City)

Registration District No. 399  
Primary Registration District No. 1002

File No. ....  
Registered No. 3869  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 101st St St. Franklin Ward. ....  
(Usual place of abode)

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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 16 1909

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 27 3 14

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Domestic (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) Rolla Mo

10. NAME OF FATHER Tom Andrew

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

12. MAIDEN NAME OF MOTHER Mauda

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

14. INFORMANT (Address) John R. Lee 101st St Franklin

15. FILED 9/20 26 19... M. M. Crow REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-4-28

17. I HEREBY CERTIFY, That I attended deceased from 19... to 19... and that I last saw him... alive on... 19... death occurred, on the date stated above, at... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Alcoholism  
7<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup> 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup> (duration) yrs. mos. ds.

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) Paul Lee M. D. (Address) Franklin

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MANNER AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL John R. Lee 101st St Franklin 19... 28

20. UNDERTAKER W. W. Tichenor ADDRESS City

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.

