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.

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

Do not use this space.

3782

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 106 S 11th St. ..... Ward)

File No. ..... Registered No. 386

2. FULL NAME Katie Mae Lee

(a) Residence. No. 106 S 11th St., 75 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 17 1924

7. AGE: Years 4 | Months 3 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Pen Hook (STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: George Lee

11. BIRTHPLACE OF FATHER (CITY OR TOWN): — (STATE OR COUNTRY): Miss.

12. MAIDEN NAME OF MOTHER: Era Jones

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

14. INFORMANT: George Lee (Address) 106 S 11th St

15. FILED ..... 19 1929 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 6 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19...., that I last saw h..... alive on ....., 19...., and that death occurred, on the date stated above, at 10 45 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Shock & Burns 1st & 2d degree due to playing with matches at her home (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Accident no burning Bldg (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? ..... DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) John Hurley, M.D. Deputy Coroner

1/8, 1929 (Address)

*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: Greenwood Cem.

DATE OF BURIAL: 1-9 1929

20. UNDERTAKER: W. C. Gordon Und. Co

ADDRESS: 2649 Morgan St

1

2

2