

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

Do not use this space.

33385

1. PLACE OF DEATH

County Douglas
Township Lincoln
City (No.) (Ward)

Registration District No. 2A
Primary Registration District No.

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence. No. 0190 St. WMO Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 61 mos. 10 ds. 12 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE 66 YEARS MONTHS 4 DAYS 13 If LESS than 1 day, hrs. or min.

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) Mo

10. NAME OF FATHER Elisbe Steffen

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

12. MAIDEN NAME OF MOTHER M M Swanson

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

14. INFORMANT (Address)

15. FILED 5-19-29 G. D. Hale REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 12 19 29

17. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1929, that I last saw her alive on Oct 11, 1929, and that death occurred, on the date stated above, at 2 a m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia 9. 13. (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 23A (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

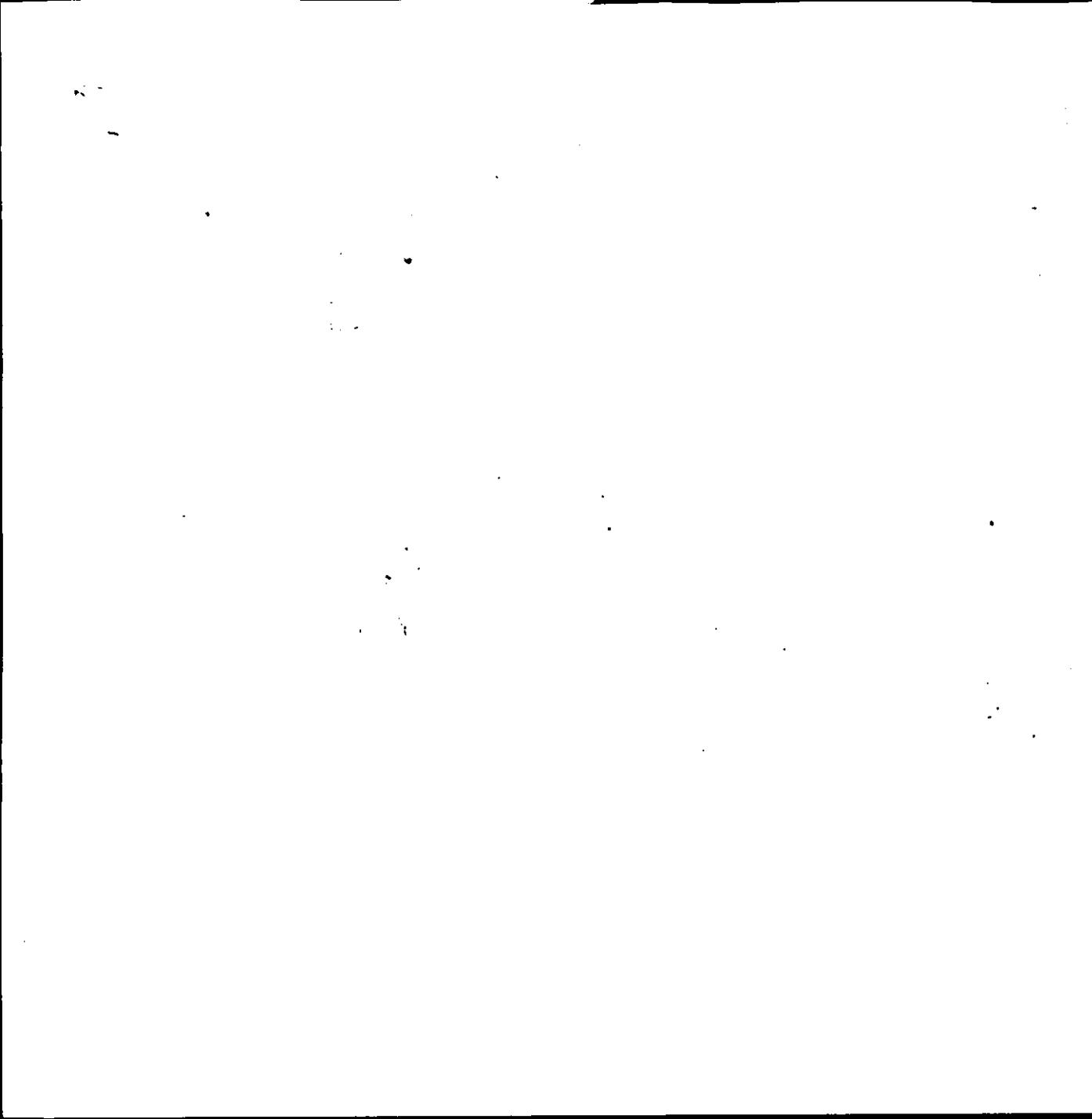
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. J. Gentry, M. D. . 19 29 (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 St. Louis DATE OF BURIAL Oct 13 19 29

20. UNDERTAKER Messrs. H. B. ... ADDRESS Chicago, Mo.



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Rosette Registration District No. 1075 File No. 3
 Township London Primary Registration District No. 3-381 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Marquet E 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 6 yrs. 10 mos. 12 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-25-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 6 13

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) Mo

10. NAME OF FATHER Elisha Stafford

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

12. MAIDEN NAME OF MOTHER M. M. Swearingin

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

14. INFORMANT (Address) J. B. Hale

15. FILED Dec 5 1929 J. B. Hale REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 12 1929

17. I HEREBY CERTIFY that I attended deceased from Oct 11 1929 that I last saw him alive on Oct 11 1929, and that death occurred, on the date stated above, at 2 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. ack

DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) J. W. Gentry, M. D.

, 19 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 DATE OF BURIAL

Lee Cemetery Oct. 13 1929

20. UNDERTAKER ADDRESS

Neighbors Orgo mo.

CERTIFICATE SHALL NOT BE RECORDED UNTIL ALL INFORMATION IS COMPLETE AS FURNISHED BY

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