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

Do not use this space.

34283

1. PLACE OF DEATH
County Lawrence — Registration District No. 470 — File No. 47
Township Mt Vernon — Primary Registration District No. 5633 — Registered No. 47
City ..... No. ..... St. ..... Ward)

2. FULL NAME Kathryn Lucille 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. 3 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: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch 4 - 1927

7. AGE: Years 2 — Months 7 — Days 17 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Stotts City Mo
(STATE OR COUNTRY) Lawrence Co

PARENTS
10. NAME OF FATHER William Edward Lee
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Decatur Ark
12. MAIDEN NAME OF MOTHER Bertha Thelma Reynolds
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mt Vernon Mo

14. INFORMANT Mrs. William E. Lee
(Address) Mt Vernon Mo

15. FILED Nov. 9, 1929 W. I. Fulton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 21 — 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1929, to Oct 21, 1929, that I last saw her alive on Oct 20, 1929, and that death occurred, on the date stated above, at 3:47 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Ileo colitis
120B
114B
(duration) ..... yrs. ..... mos. 14 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) P. A. Holmes, M. D
(Address) Mt Vernon 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: Salem Country — DATE OF BURIAL: 10/22 1929

20. UNDERTAKER: G B Orr — ADDRESS: Mt Vernon

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.