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

Do not use this space.

3817

1. PLACE OF DEATH
County Vernon — Registration District No. 875 — File No.
Township — Primary Registration District No. 3039 — Registered No. 33.
City Nevada (No. ..... St. ..... Ward)

2. FULL NAME Huldah Edna Lee
(a) Residence. No. 306 E Walnut St., 3 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 5 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
80		6	20	

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) McComb
(STATE OR COUNTRY) Illinoise

PARENTS
10. NAME OF FATHER John Greenup
11. BIRTHPLACE OF FATHER (CITY OR TOWN) D K
(STATE OR COUNTRY) Kentuckey
12. MAIDEN NAME OF MOTHER Margrett Abbott
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) D K
(STATE OR COUNTRY) Kentuckey

14. INFORMANT John Lee
(Address) Nevada Mo

15. FILED 2/8/ 1930 E K King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 23 1930

17. I HEREBY CERTIFY, That I attended deceased from May 13, 1929 to Jan 23, 1930 that I last saw her alive on Jan 22, 1930 and that death occurred, on the date stated above, at 2.30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

93C Myocardial Degeneration

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Dont know.

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam
(Signed) W Love, M. D.
, 19 (Address) Nevada, 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	DATE OF BURIAL
Osceola Mo.	1/25/ 1930
20. UNDERTAKER	ADDRESS
Ferry Funeral Home	Nevada

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.

4