

MAR 8 1930

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

Do not use this space.

5893

1. PLACE OF DEATH

County Reynolds Registration District No. 651
Township Liberty Prairie Primary Registration District No. 8-862
City (No. _____) St. _____ (Ward)

File No. _____
Registered No. 92

2. FULL NAME

Gavin 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Annie Elizabeth Lee</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>D.K.</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>68</u>			
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (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) <u>Tenn.</u>				
PARENTS	10. NAME OF FATHER <u>Jno Lee</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>			
	12. MAIDEN NAME OF MOTHER <u>Mary Barnett</u>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>D.K.</u>			

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-8 1930
17. I HEREBY CERTIFY, That I attended deceased from 5 1930 to 29 1930 that I last saw him alive on 27 1930, and that death occurred, on the date stated above, at 6 A m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Malinal Dropsy
38

(duration) _____ yrs. 7 mos. _____ 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? no
(Signed) Arthur J. ... M. D.

*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.

14. INFORMANT Charles G. Lee
(Address) Caruthersville Mo
15. FILED Feb 20 1930 Ada Martin
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Maple Cemetery DATE OF BURIAL 2-8 1930
20. UNDERTAKER H. S. Smith ADDRESS Caruthersville Mo.

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.

