MAR 28 1930

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

Do not use this space.

File No. 6121

Registered No. 36

1. PLACE OF DEATH

County St. Charles — Registration District No. 757

Township St. Charles — Primary Registration District No. 3036

City St. CHARLES (No. 2106 N. Main St. Ward)

2. FULL NAME Robert Lee

(a) Residence. No. 2106 N. Main 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 22 - 1929

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	✓	3	6	

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) Greenview
(STATE OR COUNTRY) Ill.

PARENTS

10. NAME OF FATHER Earl Lee

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

12. MAIDEN NAME OF MOTHER Alma Ray.

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

14. INFORMANT Alma Lee
(Address) 2106 N. Main St.

15. FILED 3/1, 1930 Ny. J. Bloebaum
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 28 1930

17. I HEREBY CERTIFY, That I ~~attended deceased from~~ Viewed, 19..., to ..., 19...
that I ~~last saw him~~ alive on July 28, 1930, and that death occurred, on the date stated above, at 10:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Insanition

1158

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) Improper feeding

(duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED 160

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Signs

(Signed) F. E. Belding, M. D.

3 - 1, 1930 (Address) St Charles 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
Oak Grove Cem.	Mar 1 1930
20. UNDERTAKER	**ADDRESS**
H Gallemyre & Son Co	800 N. 2nd St

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.