

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

Do not use this space.

14224

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City..... (No. **2740**) **Morgan** St. Ward)

File No.....  
Registered No. **3560**

**2. FULL NAME**

**Gertrude Lee**  
(a) Residence. No. **2740 Morgan** St., **21** Ward.

Length of residence in city or town where death occurred yrs. mes. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Female** 4. COLOR OR RACE **negro** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Mar 10 1895**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**35** ~~00~~ ~~00~~ **26**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. **Laundress**  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Kentzville Mo**  
(STATE OR COUNTRY)

10. NAME OF FATHER **Tom Lee**

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

12. MAIDEN NAME OF MOTHER **Francis Edwards**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Kentzville Mo**  
(STATE OR COUNTRY)

14. INFORMANT **George Lee**  
(Address) **2740 Morgan**

15. **Max C. Stanley**  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 6 1930**

17. I HEREBY CERTIFY, That I attended deceased from **April 2**, 19**30**, to **April 6, 1930**, that I last saw her alive on **April 6, 1930** and that death occurred, on the date stated above, at **8:45 a.m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Lobar pneumonia**

CONTRIBUTORY (SECONDARY) **101** (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 **Clasical**

(Signed) **G. E. Moore**, M. D.

**Ch 7, 1930** (Address) **8017 Jefferson**

\*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 **Kentzville Mo** DATE OF BURIAL **4/10 1930**

20. UNDERTAKER **J. Russell and Co** ADDRESS **2732 Pine**

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.

WHITE BOARD, WITH NON-FADING INK—THIS IS A PERMANENT RECORD

