WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUL 22 1930

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

Do not use this space.

15757

1. PLACE OF DEATH
County Douglas — Registration District No. 271 — File No.
Township Wood — Primary Registration District No. 5389 — Registered No. 5
City ..... No. ..... St. ..... Ward)

2. FULL NAME Pearl Lily 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 40 yrs. 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: White
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) Dec. 3, 1887

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
42	5	9	

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

9. BIRTHPLACE (CITY OR TOWN) Mtn. Grove
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER James C. Lee
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cape Girardeau
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Caroline ~~Vance~~ Vance
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Mo.

14. INFORMANT Effie A. Besson
(Address) Prior, Mo.

15. FILED June 10 1930 Edith Sutherland REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 — 12:30 a.m.

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-12 1930

17. I HEREBY CERTIFY, That I ~~attended~~ was called to attend deceased ~~from~~ May 12, 1930, and she died just before my arrival ~~that I last saw her alive on~~ ~~19~~ ~~and that~~ death occurred, on the date stated above, at 12:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
apoplexy (cerebral hemorrhage)
824
102
3 hours (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) High blood pressure
unknown (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? none but symptoms.

(Signed) A. C. Ames, M. D.
June 10, 1930 (Address) Mountain Grove 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: Cothran Cem.
DATE OF BURIAL: 5-14 1930

20. UNDERTAKER: Mrs. N. L. Bothen
ADDRESS: Mtn Grove Mo