

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

Do not use this space.

**26856**

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township St. Lawrence Primary Registration District No. 1002  
 City St. Louis (No. Central Hospital #2) St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
 Registered No. 3468  
 St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Matilda Lee  
 (a) Residence. No. 1309 Garfield St. 2 Ward. \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
70 — — —

**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) Virginia  
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER James Collins

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

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know  
 (STATE OR COUNTRY)

14. INFORMANT Robert Lee  
 (Address) 1309 Garfield

15. FILED 8/21, 19 30 M. M. Cronin  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 21 19 30

17. I HEREBY CERTIFY, That I attended deceased from 7-27-30 to 8-21-30, 19 30  
 that I last saw h. w. alive on 8-21-30, 19 30, and that death occurred, on the date stated above, at 12:25 A.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Carcinoma of Lung.  
47B  
 (duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) 47B  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED Unknown  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
 (Signed) D. M. Muller, M. D.  
8/21, 19 30 (Address) Gen'l. Hosp. #2

\*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 Highland Cemetery DATE OF BURIAL 8-22-30  
 20. UNDERTAKER Flynn + Greenstreet ADDRESS KC, 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.

