

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

Do not use this space.

5242

File No. 19  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
54 County Lafayette Registration District No. 461  
Township \_\_\_\_\_ Primary Registration District No. 3024  
City Lexington (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Lissy Lee  
(a) Residence. No. 218 No-24<sup>th</sup> 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 Female  
4. COLOR OR RACE col.  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) not known

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
about 95

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Domestic 97  
(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) Lafayette co. 1

10. NAME OF FATHER not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) not known 31

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) not known

14. INFORMANT Mr. Van Coates (Bro)  
(Address) 218 No-24<sup>th</sup> St.

15. FILED Mar 3 1932 I. W. Bedeudall  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 4 1932

17. I HEREBY CERTIFY, That I attended deceased from Feb. 1<sup>st</sup> 1932 to Feb. 4<sup>th</sup> 1932 that I last saw her alive on Feb. 9 1932, and that death occurred, on the date stated above, at 218 No. A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Arterio Sclerosis  
97  
CONTRIBUTORY (SECONDARY) Not anything  
(duration) 10 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED 1  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS none  
(Signed) J. D. Ball, M. D.  
Feb. 5 1932 (Address) Lexington, 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 Lexington, Mo. DATE OF BURIAL 2/6 1932

20. UNDERTAKER Johnson (Johnson) ADDRESS 116-20-9<sup>th</sup> St. Lexington.

MAR 23 1932

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.

