

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

Do not use this space.

7916

1. PLACE OF DEATH

30

County Dallas
Township Grant
City Leadmine (No.)

Registration District No. 242
Primary Registration District No. 5325

File No. 29
Registered No.
St. Ward)

2. FULL NAME

Sarepta Dupes 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 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 4 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown MO.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Jim Lee Leadmine

18. BURIAL, CREMATION, OR REMOVAL PLACE Deans Hill DATE 3-20 1932

19. UNDERTAKER (ADDRESS) S. B. Jones Buffalo Mo.

20. FILED 3/31 1932 W. H. Morrison Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-29 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-28 1932, to 3-29 1932

I last saw him alive on 3-29 1932 Death is said

to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset 3-18

107A/07A

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify W. E. Harmon, M. D.

(Signed) R. H. Morrison (Address) Leadmine 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.

APR 9 1932

