

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

Do not use this space.

8897

1. PLACE OF DEATH

49 County Wagoner Registration District No. 411
 2 Town Cherokee Primary Registration District No. 1902
 5 City Cherokee (No. 100) Wagoner (Ward)

File No. 24
 Registered No. _____

2. FULL NAME

(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 M 4. COLOR OR RACE W 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) about 1868

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>about 63</u>				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. carver
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kaysville, Va

13. NAME Wm. Lee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

15. MAIDEN NAME Mary Dawson

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

17. INFORMANT (ADDRESS) Carl Lee

18. BURIAL, CREMATION, OR REMOVAL PLACE Wagoner DATE 3-17-32

19. UNDERTAKER (ADDRESS) Wagoner

20. FILED 37 37 Wagoner Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-16-32

22. I HEREBY CERTIFY, That I attended deceased from 3-15-32 to 3-16-32.
 I first saw him alive on 3-16-32. Death is said to have occurred on the date stated above, at 1:10 m.

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

Pulmonary TB
234
 Other contributory causes of importance: (1)

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 _____

(Signed) C. J. Martin M. D.
 (Address) _____

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.

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