

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

Do not use this space.

**13252**

**1. PLACE OF DEATH**

County Mercer Registration District No. 554  
 Township Washington Primary Registration District No. 5747  
 City North Shore (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED unmarried (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14 - 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 1 25

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wasconsin 2

FATHER 13. NAME Alice Griffin

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wasconsin

MOTHER 15. MAIDEN NAME Catherine

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wasconsin

17. INFORMANT (ADDRESS) Tom Lee  
Wagoner Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wagoner DATE 4/19 1932

19. UNDERTAKER (ADDRESS) Chas. E. Schaefer  
Wagoner Mo

20. FILED Apr 30 1932 C. C. Annot  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 9 1932 to Apr 9 1932  
 I last saw h. e. alive on Apr 9 1932 Death is said to have occurred on the date stated above, at 2:55 a. m.  
 The principal cause of death and related causes of importance were as follows:

Suicide - by taking cyanide acid  
1630 1630  
 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 \_\_\_\_\_  
 (Signed) E. W. Ewing, M. D.  
 (Address) Spickards 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.

MAY 26 1932

