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.

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

Do not use this space.

19036

1. PLACE OF DEATH

County Clinton — Registration District No. 206 — File No.

Township ~~Atchison~~ — Primary Registration District No. 4123 — Registered No.

City Gower (No. ..., ... St. ..... Ward)

25 2 1

2. FULL NAME Carolina May Lee

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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: Fem.
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 William F. Lee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12, 1875

7. AGE: YEARS 57 — MONTHS 1 — DAYS 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay County, Missouri

FATHER

13. NAME Marion Tritt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia 2

MOTHER

15. MAIDEN NAME Mary Fiddler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

17. INFORMANT (ADDRESS) Mrs. Sam Rowland Gower, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gower, Mo. DATE June 26, 1932

19. UNDERTAKER (ADDRESS) H. A. Sullins Gower, Missouri

20. FILED 6-24, 1932 J. C. Guinn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-24, 1932

22. I HEREBY CERTIFY, That I attended deceased from mch, 1932, to 6-24, 1932

I last saw her alive on 6-23, 1932. Death is said to have occurred on the date stated above, at 1:30 A.m.

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

Date of onset

Carcinoma of uterus (saw her [illegible] in March 1932)

48

48

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? N.B.

If so, specify ✓

(Signed) J. C. Starks, M. D.

(Address) Gower, Mo.

MAY 1 8 1948