WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

25261

File No.

Registered No.

1. PLACE OF DEATH

2 County Andrew, Registration District No. 8

1 Township Primary Registration District No. 4665

1 City Amazonia, (No. Amazonia, Missouri, St. Ward)

2. FULL NAME Mary Jane Lee,

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

Length of residence in city or town where death occurred 25 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: Wylie Lee,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 21, 1846

7. AGE: YEARS 85 | MONTHS 10 | DAYS 10 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Ray County, Missouri, 1

FATHER

13. NAME: George Graham,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Kentucky, 2

MOTHER

15. MAIDEN NAME: Becky Covey,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown, 21

17. INFORMANT (ADDRESS): Mrs. M. A. Odell, Amazonia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Braymer, Mo. DATE Sept. 1932

19. UNDERTAKER (ADDRESS): Frank A. Bowman, Savannah, Mo.

20. FILED Sept 2 1932 J. W. Holcomb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 29th, 1932, to Aug. 31st, 1932

I last saw her alive on Aug. 31st, 1932. Death is said to have occurred on the date stated above, at 11:00 a.m.

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

	Date of onset
Hemiplegia	8/17/32
Arterio Sclerosis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

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) A. A. Kelley, M. D.

(Address) Savannah Mo.