

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

Do not use this space.

34947

1. PLACE OF DEATH

14 County Callaway
2 Township Fulton
7 City Fulton (No. 4)

Registration District No. 104
Primary Registration District No. 3003

File No.
Registered No. 218 St. Ward)

2. FULL NAME

(a) Residence, No. Lorella Lee
(Usual place of abode) Medley mo St. Ward.

Length of residence in city or town where death occurred 3 yrs. 7 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George Lee</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE	YEARS	MONTHS
<u>about 53</u>	<u>—</u>	<u>—</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	11. Total time (years) spent in this occupation
	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)	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mississippi County mo</u>	
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>" 31</u>	
	15. MAIDEN NAME <u>"</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>"</u>	
17. INFORMANT (ADDRESS) <u>Records of State Hospital #1</u>		
18. BURIAL, CREMATION, OR REMOVAL PLAC <u>Kirkville, Mo</u> DATE <u>Nov. 17 - 32</u> <u>Burial</u>		
19. UNDERTAKER (ADDRESS) <u>Oli Bell</u> <u>Fulton, mo</u>		
20. FILED <u>Nov 15 19 32</u> <u>R. M. Sneed</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 19 1931 to Nov 13 1932

I last saw her alive on Nov 13 1932 Death is said to have occurred on the date stated above, at 8:30 p.m.

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

Cerebral Hemorrhage Date of onset 8:30 p.m.

Other contributory causes of importance:
Arteriosclerosis and Chronic Depressive Psychosis (Depressed Type)

Name of operation Date of
What test confirmed diagnosis? (1) 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? no
If so, specify

(Signed) T. S. Laff M. D.
(Address) Fulton, mo

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.

1933

