

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.

10459

1. PLACE OF DEATH
 72 County New Madrid Registration District No. 607
 Township Portageville Primary Registration District No. 5806
 9 City Portageville (No. St. Ward)
 2 2. FULL NAME Lee W Mc Intosh
 (a) Residence, No. St. Ward.
 (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.
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Essey Cath McIntosh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-18-1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 10 17

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

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) Lemoy Tenn

13. NAME W H McIntosh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pinhook Co. Mo

15. MAIDEN NAME Sarah Ann Neel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gibson Co Tenn

17. INFORMANT W H Mc Intosh (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL To Fairview Cem
 PLACE Dyersburg Tenn DATE 3/6 1933

19. UNDERTAKER W M Payne (ADDRESS) Portageville Mo

20. FILED 3/10 1933 Registrar. W. C. Cook

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/5 1933

22. I HEREBY CERTIFY, That I attended deceased from after death 19 3/5/33 19.....
 I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at..... m.
 The principal cause of death and related causes of importance were as follows:
 died suddenly apparently from
 heart failure
 Other contributory causes of importance:
 none

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) H. T. Kelley M. D.
 (Address) Portageville Mo

MAR 30 1933

