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.

JUL 23 1933

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

Do not use this space.

20624

1. PLACE OF DEATH
County Pemiscot
Township Center
City Steele
Registration District No.
Primary Registration District No. 5 8 29
File No.
Registered No. 23
(No. , St. Ward)

2. FULL NAME Carry E Lee
(a) Residence, No. St., Ward. Tune
(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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-2-1896
7. AGE YEARS 37 MONTHS 2 DAYS If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hansel Keeper
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) Tenn Wayne Co
FATHER
13. NAME George Artis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
MOTHER
15. MAIDEN NAME Willis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) P. A.
17. INFORMANT (ADDRESS) Viola McCurry
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Zion DATE 8-2 1933
19. UNDERTAKER (ADDRESS) German Undt Co Steele Mo
20. FILED June 9 1933 A. Harrison Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) , 19

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 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:
Auto infection from b/l. Miscarriage
Date of onset
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) J B McDaniel, M. D.
(Address) Steele Mo.