

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

Do not use this space.

**22784**

**1. PLACE OF DEATH**

County Linn  
Township Salem  
City Lester (No.         )

Registration District No. 290  
Primary Registration District No. 5-408

File No.           
Registered No. 28

**2. FULL NAME**

Lester Miss

(a) Residence, No.          St.          Ward.         

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 single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21-32

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>1</u>	<u>4</u>	<u>7</u>	<u>        </u>	<u>        </u>

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none  
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) mo

MOTHER FATHER  
13. NAME Gay Eugene Miss

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

MOTHER FATHER  
15. MAIDEN NAME Grace Winicki

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

17. INFORMANT (ADDRESS) Gay E Miss to mo

18. BURIAL, CREMATION, OR REMOVAL PLACE North Green Cem DATE July 27 1937

19. UNDERTAKER (ADDRESS) Smith

20. FILED          1937 A. H. H. Davis, M.D. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28 1937

22. I HEREBY CERTIFY That I attended deceased from July 28 1937 to July 28 1937  
I last saw him alive on July 28 1937 Death is said to have occurred on the date stated above, at 11 a. m.

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

Colitis (Colitis-recte) Date of onset July 21 1937

Other contributory causes of importance:  
1196 1198

Name of operation X Date of X  
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? X 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 X  
Nature of injury         

24. Was disease or injury in any way related to occupation of deceased?         

If so, specify           
(Signed) Th. H. Spindel, M. D.  
(Address)         

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.

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

ALLS 22 1937

