

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

Do not use this space.

23675

1. PLACE OF DEATH

58 County Linn Registration District No. 303 File No. _____
Township Carson Creek Primary Registration District No. 4306 Registered No. 79
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 30-1848
7. AGE YEARS 85 MONTHS 3 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer-Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Farming
10. Date deceased last worked at this occupation (month and year) 20 years 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Brockfield (STATE OR COUNTRY) Mo

13. NAME Edwin D. Lee

14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY) _____

15. MAIDEN NAME Catharine Anderson

16. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY) _____

17. INFORMANT Willie Lee (ADDRESS) Meadville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Meadville Mo DATE Aug. 1, 1933

19. UNDERTAKER Smiley Bros. (ADDRESS) Meadville Mo

20. FILED 7-30 1933 E J Weir Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1933

22. I HEREBY CERTIFY, That I attended deceased from July 30 1933, to July 30 1933
I last saw him alive on July 30, 1933 Death is said to have occurred on the date stated above, at 5 PM.

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

Myocardial weakness -
Heart Failure
arterio sclerosis
coronary

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 _____, 1933

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) _____, 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. AUG 2 1933

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

