

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

Do not use this space.

**25759**

**1. PLACE OF DEATH**

County Butler  
Township Poplar Bluff  
City Poplar Bluff (No.     )

Registration District No. 89  
Primary Registration District No. 3007

File No.       
Registered No. 136  
St.      Ward     

**2. FULL NAME**

Henry Lee  
(a) Residence; No. Branch 1st St. 3 Ward. Greenfield  
(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-6-1864

7. AGE YEARS 69 MONTHS 6 DAYS 27 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Flour mill  
10. Date deceased last worked at this occupation (month and year) 6-4-33 11. Total time (years) spent in this occupation 28 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perryville, Perry Co, Mo

13. NAME Wm. L. Lee

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

15. MAIDEN NAME Charity Stone

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

17. INFORMANT (ADDRESS) Wife

18. BURIAL, CREMATION, OR REMOVAL PLACE Patterson DATE Aug 4 33

19. UNDERTAKER (ADDRESS) Chas. Fordall #3670 Greenfield, Mo

20. FILED Aug 11 1933 B. J. Cluy Registrar.

**2. MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 3 - 1933

I HEREBY CERTIFY That I attended deceased from July 31 - 1933 to Aug 2 - 1933  
I last saw him alive on Aug 3 1933 Death is said to have occurred on the date stated above, at 2 a.m.

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

Carcinoma colon 1932  
4 to  
Other contributory causes of importance: 12 1/2 fl

Name of operation Celestomy Date of 7/31/33  
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? No  
If so, specify       
(Signed) D. H. Knicker, M. D.  
(Address) Poplar Bluff, 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.

SEP 26 1933

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MAINTAINED RESERVED FOR BINDING

