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

Do not use this space.

27239

1. PLACE OF DEATH

78 County Pemiscott Registration District No. 1097

Township Little Prairie Primary Registration District No. 5884

City Wardell (No. ..... St. ..... Ward)

File No. ..... Registered No. .....

2. FULL NAME Erwin Lee

(a) Residence, No. — St., RED Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) married

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

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

7. AGE 38 YEARS 1895 MONTHS June DAYS 40 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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) 1932

11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charlston N. Vt

FATHER

13. NAME Chas Lee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N Vt

MOTHER

15. MAIDEN NAME Rosa Wright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charlston N Vt

17. INFORMANT (ADDRESS) Tilt Ford Brooks

18. BURIAL, CREMATION, OR REMOVAL PLACE Wardell DATE 8-10 1933

19. UNDERTAKER (ADDRESS) Roy Smith

20. FILED 6-10 1933 Opal Hill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1933 to Aug 9, 1933

I last saw him alive on Aug 9, 1933 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:

Pullmanry Turbucola — Date of onset

23 R 99

Other contributory causes of importance: None

Name of operation None 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) W H Denton, M. D.

(Address) Wardell Mo

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.