

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.

FEB 27 1934

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

Do not use this space.

42312-a

1. PLACE OF DEATH
 County Stoddard Registration District No. 838
 Township Waston Primary Registration District No. 4209
 City Waston (No. _____) St. _____ Ward _____

2. FULL NAME Lee Ringer

(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 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 W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (circle the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8, 1957

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>76</u>	<u>5</u>	<u>6</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Payser

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) North Aurora

FATHER

13. NAME Ringer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Aurora

MOTHER

15. MAIDEN NAME Doan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Aurora

17. INFORMANT (ADDRESS) May Hoover

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Waston DATE 12/15 1933

19. UNDERTAKER (ADDRESS) Biggs M. Co.

20. FILED 2-8 1934 Alice L. Norman
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Marta, 1930, to Dec. 14, 1933
 I last saw him alive on Dec. 11, 1933. Death is said to have occurred on the date stated above, at 6:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Heart failure
arteriosclerosis
92A
 Other contributory causes of importance: 770

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) John Wilson, M. D.
 (Address) Bloomfield, Mo.

