

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.

MAR 21 1934

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

Do not use this space.

1. PLACE OF DEATH

County St. Charles Registration District No. 757
Township _____ Primary Registration District No. 3036
City St. Charles (No. 1422 N. 4th)

File No. 6196
Registered No. 27
St. _____ Ward _____

2. FULL NAME

Frank Lee
(a) Residence, No. 1422 N. 4th St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Malak Belle Blair</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 25-1867</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>4</u>
	DAYS <u>27</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Warren County Mo</u>		
FATHER	13. NAME <u>John Lee</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bullitt Ky.</u>	
MOTHER	15. MAIDEN NAME <u>Nancy</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont Moore</u>	
17. INFORMANT (ADDRESS) <u>Ray Lee</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ray Mo</u> DATE <u>July 24</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>Widdowson & Son Co</u> <u>500 N. 2nd St. Charles Mo</u>		
20. FILED <u>7/25</u> 19 <u>34</u> <u>W. H. Hessler</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22 1934

22. I HEREBY CERTIFY, That I attended deceased from January 6 1934, to February 22 1934
I last saw him alive on February 22 1934 Death is said to have occurred on the date stated above, at 3:30 P.M.
The principal cause of death and related causes of importance were as follows:
Myocarditis
Hypertension
Atherosclerosis
Other contributory causes of importance:
about 5 yrs ago

Name of operation _____ Date of _____
What test confirmed diagnosis: Clinical Was there an autopsy? no

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) B. L. Nentbeiser, M. D.
(Address) St. Charles Mo

MAY 1 1947