

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Scotland Registration District No. 810
Township Jefferson Primary Registration District No. 6055
City (No. _____) St. _____ Ward _____

15387

File No. _____
Registered No. 15

2. FULL NAME

Charles N. Mc Lee
(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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 24 - 1898

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
56 | 1 | 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Scotland
(STATE OR COUNTRY) Co. Mo

10. NAME OF FATHER John W. Mc Lee

11. BIRTHPLACE OF FATHER (CITY OR TOWN) West Virginia
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Sarah Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Scotland Co Mo
(STATE OR COUNTRY) _____

14. INFORMANT Roy E. Mc Lee
(Address) Memphis Mo

15. Filed 9 19 34
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 16 1934

17. I HEREBY CERTIFY, That I attended deceased from Dec 10 1934, to April 10 1934 that I last saw him alive on April 10 1934, and that death occurred, on the date stated above, at 6:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of stomach & Lungs

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____ (duration) yrs. mos. ds.

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) James Switchee M. D.

, 19 34 (Address) Memphis

*State the DISEASE CAUSING DEATH, or if deaths from VIOLENT CAUSES, state MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or COMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Memphis Cemetery Apr 17 1934
20. UNDERTAKER Levin Baskett ADDRESS Memphis

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Scottland Registration District No. 810 File No. _____
 Township Jefferson Primary Registration District No. 6053 Registered No. _____
 City _____ (No. _____ St. _____ Ward)

2. FULL NAME

Charles W. Mc Lee

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 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.
 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)

FATHER
 13. NAME

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

MOTHER
 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) E. E. Conroy

20. FILED 6/30/34 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Cancer of mouth and larynx
 Physician reports the cancer was first noticed in posterior nares.

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 _____, 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) James S. Mitchell, M. D.

(Address) Murphree, Mo.

SUPPLEMENTARY

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S-15387