

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

Do not use this space.

**1. PLACE OF DEATH**

County New Madrid  
Township Jefferson  
City Josie Lee (No. 5796)

Registration District No. 604  
Primary Registration District No. 5796

File No. 25682  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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 female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nathal Lee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
About 61

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife  
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) Jenn

MOTHER FATHER 13. NAME Unk

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

15. MAIDEN NAME Cherry Lee

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

17. INFORMANT Josie Lee  
(ADDRESS) 701 E. 11th, no Route 1 - Os 200

18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson - Jenn DATE July 22, 1934

19. UNDERTAKER Richard Bus Co.  
(ADDRESS) New Madrid, Mo

20. FILED 7/23/34 W. B. Bannan  
U. S. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1934 to July 20, 1934

I last saw him alive on \_\_\_\_\_ 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 7:30 P.M.

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

Typhoid Pneumonia  
Date of onset \_\_\_\_\_

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_

If so, specify Claud McRaven M. D.

(Signed) \_\_\_\_\_ (Address) Marion, 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.

UL 88 1934

