

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.

SEP 13 1934

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

Do not use this space.

1. PLACE OF DEATH

County Jasper  
Township Webb City  
City Webb City (No.     )

Registration District No. 417  
Primary Registration District No. 3021

File No. 29791  
Registered No. 74  
St.      Ward     

2. FULL NAME

James Richard Lee  
(a) Residence, No. 502 7th 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) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23 1934  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
X X 11

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  
Child

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Webb City, Missouri

MOTHER FATHER  
13. NAME Roy Lee

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

15. MAIDEN NAME Dora Watson

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

17. INFORMANT Roy Lee  
(ADDRESS) Webb City, Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Funeral Home DATE 8/3 1934

19. UNDERTAKER Webb City Undert Co  
(ADDRESS) Webb City, Mo

20. FILED 8-3 1934 J. L. Craig  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-2 1934, to 8-2 1934.  
I last saw him alive on 8-3 1934. Death is said to have occurred on the date stated above, at 8:30 m.

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

Patent foramen ovale  
1570  
Other contributory causes of importance 1570

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) J. L. Craig M. D.  
(Address) Webb City, Mo

