

JAN 7 1935

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

Do not use this space.

1. PLACE OF DEATH

County Crawford Registration District No. 231  
Township..... Primary Registration District No. 4141  
City Stuttgart (No. ....) St. .... Ward)

File No. 42444  
Registered No. ....

2. FULL NAME Lee Pounds

(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) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cora Pounds  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15 - 1872  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
62 5 2

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. Operator  
10. Date deceased last worked at this occupation (month and year) ..... If. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cuba MO

13. NAME Folkard Pounds

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

15. MAIDEN NAME Emeline Pounds

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

17. INFORMANT (ADDRESS) Cora Pounds  
Stuttgart Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stuttgart DATE 12-20-34

19. UNDERTAKER (ADDRESS) L. J. Jones  
Stuttgart Mo

20. FILED 12-27 1934 W. B. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-17 1934  
22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1934, to Dec 17, 1934.  
I first saw him alive on Dec 17, 1934. Death is said to have occurred on the date stated above, at 9 P m.  
The principal cause of death and related causes of importance were as follows:

Myocarditis  
u. S. D.  
AS  
Other contributory causes of importance:  
Date of onset 10/1/34

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? No  
If so, specify Geo W Pounds, M. D.  
(Signed) Stuttgart Mo  
(Address) Stuttgart 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.

