

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

Do not use this space.

7825

MAR 2 1935

**1. PLACE OF DEATH**

County Texas  
Township Cass  
City Houston

Registration District No. 865  
Primary Registration District No. 6143

File No. \_\_\_\_\_  
Registered No. 45  
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 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>m.</u>	4. COLOR OR RACE <u>w.</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>Lizzy Dee</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 23-1845</u>		
7. AGE YEARS <u>90</u>	MONTHS <u>1</u>	DAYS <u>16</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) <u>Jan 1910</u>
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Ill.

13. NAME  
Unknown

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

15. MAIDEN NAME  
Unknown

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

17. INFORMANT (ADDRESS)  
J.P. Cavalier

18. BURIAL, CREMATION, OR REMOVAL PLACE Onyx DATE Feb 8 1935

19. UNDERTAKER (ADDRESS)  
Gaylord V. Elliott

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_ Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8, 1935

22. I HEREBY CERTIFY That I attended deceased from 7:11 to 7:15, 1935

I last saw him alive on 7-8-6, 1935 Death is said to have occurred on the date stated above, at 1:25 p.m.

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

Coronary Thrombosis

Other contributory causes of importance: if

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

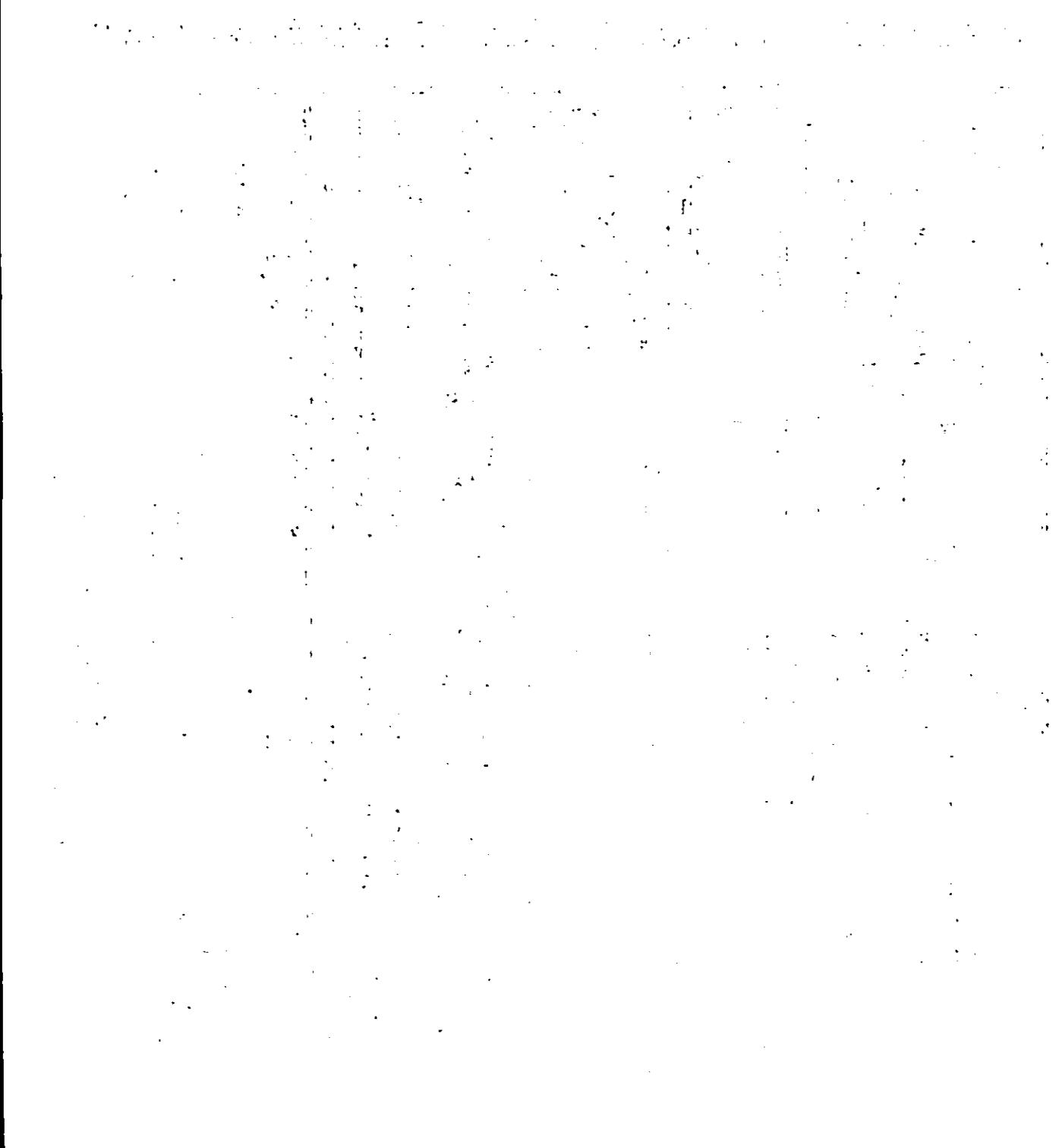
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

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) Cavalier, M. D.  
(Address) \_\_\_\_\_

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.



**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 Texas

Registration District No. 865

Township .....

Primary Registration District No. 6143

City (No. ....) .....

File No. ....

Registered No. 45

**2. FULL NAME**

(a) Residence, No. James Jackson Lee 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from .....

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

....., 19....., to....., 19.....

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min. 90 1 16

I last saw him/her 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:

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) .....

Date of onset

11. Total time (years) spent in this occupation .....

Other contributory causes of importance:

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

Name of operation..... Date of.....

13. NAME .....

What test confirmed diagnosis?..... Was there an autopsy?.....

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

23. If death was due to external causes (violence), fill in also the following:

15. MAIDEN NAME .....

Accident, suicide, or homicide?..... Date of injury....., 19.....

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

Where did injury occur?..... (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) .....

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury.....

PLACE DATE 19.....

Nature of injury.....

19. UNDERTAKER (ADDRESS) .....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed)....., M. D.

(Address).....

20. FILED 2-10, 1935 R. P. Hubbard Registrar

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 1 1984

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