

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

Do not use this space.

19574

1. PLACE OF DEATH

45  
1  
3

County Howard  
Township  
City Amthony

Registration District No. 376  
Primary Registration District No. 4220

File No. ....  
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 2 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 Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1935, to Jan 7, 1935

I last saw him alive on Jan 7, 1935. Death is said

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

to have occurred on the date stated above, at 9:45 p.m.

AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 62

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. House 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 -

apoplexy

Date of onset 6-7-33

Other contributory causes of importance -

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

13. NAME David Hughes

Name of operation None Date of -

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

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

15. MAIDEN NAME Loggie Wilson

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

Accident, suicide, or homicide? No Date of injury -, 19-

Where did injury occur? Home

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

(Specify city or town, county, and State)

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

17. INFORMANT (ADDRESS) Frank Hughes

Manner of injury None

18. BURIAL, CREMATION, OR REMOVAL PLACE Home DATE 6-9

Nature of injury -

19. UNDERTAKER (ADDRESS) W. M. Deason

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

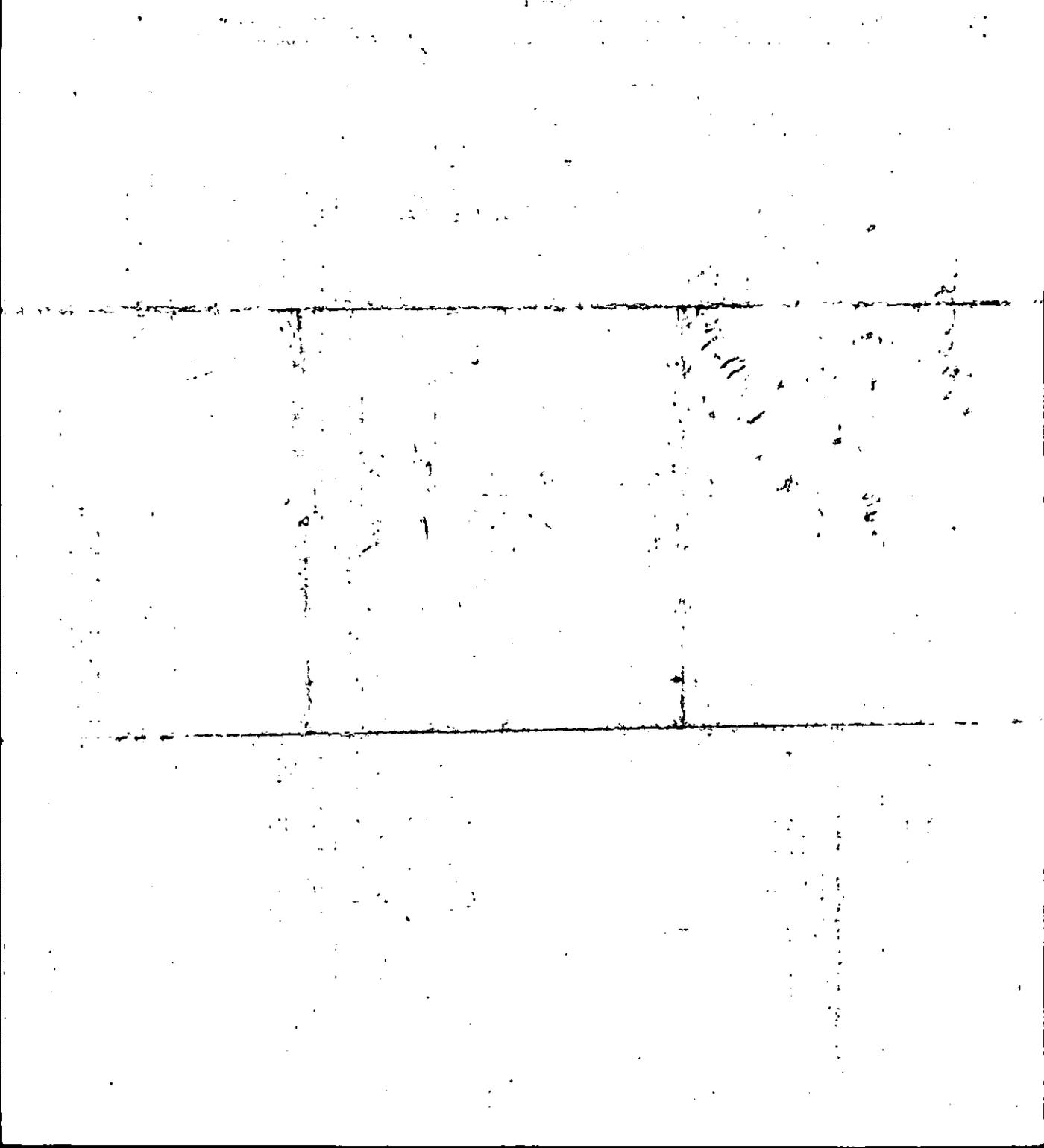
If so, specify -

20. FILED 6-21 1935 W. M. Deason Registrar

(Signed) W. M. Deason M. D.

(Address) Amthony 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.



**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 Howard  
Township Armstrong  
City                      (No.                     )

Registration District No. 376  
Primary Registration District No. 4220

File No.                       
Registered No.                       
St.                      Ward                     

**2. FULL NAME**

Kate 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

W

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.

62

-

-

-

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)

13. NAME

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

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)

20. FILED 6-21 1935 W. M. Dickerson Registrar

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

June 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from

19                    , to 19                    , 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:

Date of onset

Other contributory causes of importance:

gall

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. Cecil, M. D.

(Address) Armstrong mo.

Supplementary

Exact statement of OCCUPATION is very important.

AUG 6 1935

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