

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.

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

Do not use this space.

28498

1. PLACE OF DEATH

County Texas  
Township Cass  
City No.

Registration District No. 865  
Primary Registration District No. 6143

File No. \_\_\_\_\_  
Registered No. 576  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME Mary Elizabeth 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

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>widowed Husband dead</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 24 - 1857</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>2</u>
	DAYS <u>26</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>Housewife</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)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richlieu Ky</u>	13. NAME <u>J. S. Dist.</u>	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richlieu Ky</u>	15. MAIDEN NAME <u>Miss Rose Julia Posey</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richlieu Ky</u>	17. INFORMANT <u>Chas Bryant Houston, Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL	PLACE <u>Ozark</u>	DATE <u>Aug 23 1935</u>
19. UNDERTAKER (ADDRESS)	20. FILED <u>Aug 30 1935</u> <u>W. H. Hubbard</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 1934 to Aug 22 1935

I last saw her alive on Aug 21 1935 Death is said

to have occurred on the date stated above, at 4 P. m.

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

Cerebral Apoplexy Date of onset \_\_\_\_\_

Other contributory causes of importance

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 \_\_\_\_\_, 1935

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) W. H. Hubbard, M. D.

(Address) Houston, Mo

