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.

MAR 24 1936

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

Do not use this space.
8834

1. PLACE OF DEATH
County: Scott
Township:
City: Sikeston (No. ..., ... St. ... Ward)

Registration District No. 821
Primary Registration District No. 45553

File No.
Registered No.

2. FULL NAME Lee Freeman

(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 12 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 - 1880

7. AGE: Years 55 | Months 7 | Days 3 | If LESS than 1 day, ... hrs. or ... min.

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. Labor
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) Lafayette Co. Mississippi

FATHER
13. NAME Louis Freeman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafayette Co. Mississippi

MOTHER
15. MAIDEN NAME Peggy Winkle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs Mattie Freeman Sikeston Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Sikeston Mo DATE Feby 9 1936

19. UNDERTAKER (ADDRESS) H. W. Welch Sikeston Mo

20. FILED 2-12 1936 Lucy Brewer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby 7 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19... I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at 9:15 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

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

(Signed) H. A. Welch Coroner Scott Co.
(Address) Sikeston Mo