

MAY 22 1936

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

Do not use this space.

15903

File No. 15903
Registered No. 42
St. _____ Ward)

1. PLACE OF DEATH

County Linn Registration District No. 296
Township _____ Primary Registration District No. 2025
City Brookfield (No. _____) St. _____ Ward)

2. FULL NAME

David Nelson Lee
(a) Residence, No. 214 Beverly St. 4th Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60 8 6

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) Chariton, Linn County, Missouri

13. NAME Nelson Lee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington, Kentucky

15. MAIDEN NAME Leah Barks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairfax, Va.

17. INFORMANT Chas. E. Lee (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill, Brookfield, Mo. DATE Apr 12 1936

19. UNDERTAKER Homer G. Bowden (ADDRESS) Brookfield, Mo.

20. FILED May 9 1936 J. H. Lucas, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9 1936

22. I HEREBY CERTIFY, That I attended deceased from April 7 1936 to April 9 1936

I last saw him alive on April 9 1936 Death is said to have occurred on the date stated above, at 6:10 P. M.

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

Cerebral hemorrhage Date of onset _____

Other contributory causes of importance: Hypertension

Name of operation none Date of _____

What test confirmed diagnosis? Hypertension 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) S. P. Brown, M. D.

(Address) Brookfield, 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.

