

MAY 28 1936

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

Do not use this space.

18211

## 1. PLACE OF DEATH

County StoddardRegistration District No. 836Township LibertyPrimary Registration District No. 6098aCity Near Bernie

(No. ....)

St. ....

Ward) ....

2. FULL NAME Mary Sue Irene Lee

(a) Residence, No. ....

St. ....

Ward. ....

(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 F4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 31 1932

## 7. AGE

YEARS 3MONTHS 3DAYS 23

IF LESS than 1 day, ..... hrs. or ..... min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

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) Hernandez, Mo.

## MOTHER FATHER

13. NAME Adairam Judson Lee14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamilton Co. Mo.15. MAIDEN NAME Lillie Peacock16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.17. INFORMANT Judson Lee(ADDRESS) Bernie Mo. R7D.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Bernie Cem DATE 4-25 193619. UNDERTAKER Dale J. Hopkins(ADDRESS) Bernie Mo.20. FILED Apr. 25, 1936F. Lawrence Allen

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4 193622. I HEREBY CERTIFY, That I attended deceased from 4-23 1936 to 4-23 1936I last saw him alive on 4-23 1936 Death is said to have occurred on the date stated above, at 4 A m.

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

Lobar Pneumonia

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 .....

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) Dawsey Ryan, M. D.(Address) Bernie 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.

