

DEC 3 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38147

1. PLACE OF DEATH

County *Jopson* Registration District No. *431*
Township *of Columbus* Primary Registration District No. *5590*
City..... (No. St. Ward)

File No.....

Registered No. *137*

2. FULL NAME *Margaret Lee*

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred *40* 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *10-26-36* 19

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

22. I HEREBY CERTIFY, That I attended deceased from *Sept 1* 19 *Oct 26* - 19*36*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 4-1857*

I last saw her alive on *Sept 28* 19*36* Death is said to have occurred on the date stated above, at *6 A* m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
79 6 22

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. *Retired*
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.....

Arteriosclerosis of leg cause
undermined.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Jopson Co. Mo*

Other contributory causes of importance:
Arteriosclerosis
Semiplegia
Senile dementia

13. NAME *Edw. G. Lee*

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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

15. MAIDEN NAME *Berna Patterson*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*

17. INFORMANT (ADDRESS) *Amy J. Patterson*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Oshea Mo* DATE *10/28* 19*36*

19. UNDERTAKER (ADDRESS) *Blair & Sons Oshea Mo*

20. FILED *Oct 29, 1936* *Eva Gentry* Registrar

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify.....
(Signed) *W. C. Martin* M. D.
(Address) *O. Oshea Mo*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

