

APR 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County Scott Registration District No. 821
Township Highland Primary Registration District No. 4553
City Seaton (No. _____ St. _____ Ward)

File No. 13776

2. FULL NAME

(a) Residence, No. 727 Kathleen Ave Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Sarah E. Lee</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 25 1871</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>5</u>
		DAYS <u>24</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>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>until six year ago</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation <u>6</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Terry County Missouri</u>		
FATHER	13. NAME <u>James Falk Lee</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Terry County Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Susanna Babey</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Terry County Missouri</u>	
17. INFORMANT <u>Shepherd J. Lee</u> (ADDRESS) <u>Seaton Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Seaton Mo.</u> DATE <u>3-21-1937</u>		
19. UNDERTAKER (ADDRESS) <u>John Albritton</u> <u>Seaton Mo.</u>		
20. FILED <u>4-4</u> 19 <u>37</u> <u>W. H. Ormull</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1936 to March 19, 1937
Last saw him alive on March 19, 1937 Death is said to have occurred on the date stated above, at 11:55 A.M.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Hypertension

Other contributory causes of importance:
None

Name of operation _____ Date of _____
What test confirmed diagnosis Clinical 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) W. H. Ormull, M. D.
(Address) Seaton 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.

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