

OCT 26 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. Francois
Township St. Francois
City (No. _____) _____

Registration District No. 773
Primary Registration District No. 6018A

File No. 35170
Registered No. 147 Ward _____

2. FULL NAME

Robert L. Lett

(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 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>None</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-24-1872</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>2</u>
	DAYS <u>7</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>—</u>	
	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) <u>St. Francois Co. Mo.</u>		
FATHER	13. NAME <u>Wm R. Lett</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Knox Co. Ohio</u>	
	15. MAIDEN NAME <u>Sarah Ann Meredith</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pekland, Ohio</u>	
	17. INFORMANT (ADDRESS) <u>Miss Fannie Lett Marquand Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Standa Graveyard</u> DATE <u>Sept 3 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Meidert and Co Farmington Mo</u>		
20. FILED <u>Sept 2, 1937</u> <u>W. B. Robinson</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1935 to Sept. 1, 1937
I last saw h. l. m. alive on Aug 30, 1937. Death is said to have occurred on the date stated above, at 8 a m.
The principal cause of death and related causes of importance were as follows:
Chronic Endocarditis
Myocarditis
Pressure Congestion

Date of onset 1933
1936

Other contributory causes of importance:
Pressure Congestion

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 _____, 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? _____
If so, specify _____
(Signed) Geo. P. Walters, M. D.
(Address) Farmington Mo.

N. B.—Every item of information should be carefully supplied. Age should be stated exactly. Full names should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

