

DEC 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County *St. Charles*
Township *St. Charles*
City *St. Charles* (No. _____)

Registration District No. *757*
Primary Registration District No. *3026*

File No. *42305*
Registered No. *195*
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *520 Olive St* 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *A. H. Lee*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 10th, 1848*
7. AGE: YEARS *89* MONTHS *6* DAYS *14* IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
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) *St. Charles, Mo*

MOTHER FATHER 13. NAME *Oglesby Young*

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

15. MAIDEN NAME *Jane Love*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *New Mills, Mo*

17. INFORMANT (ADDRESS) *V. A. Brown*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Lynn's Cemetery* DATE *Nov. 27 1937*

19. UNDERTAKER (ADDRESS) *H. Ackmann Paul*

20. FILED *11/27/37* 19 *Clarence S. Resaler* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 24 1937*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 14*, 1937, to *Nov 24*, 1937
I last saw him alive on *Nov 24*, 1937 Death is said to have occurred on the date stated above, at *5:30 p.m.*
The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum Date of onset *Aug 1937*

Other contributory causes of importance: *46*

Name of operation _____ Date of _____
What test confirmed diagnosis? *Microscopic* 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) *I. P. Haveline, M. D.*
(Address) *St. Charles, 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.

9248

2

