

JAN 24 1938

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

Do not use this space.

46585

File No. \_\_\_\_\_  
Registered No. 88  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County St. Francois Registration District No. 775  
Township Reynolds Primary Registration District No. 6020-A  
City Bonne Terre (No. Bonne Terre Hospital)

2. FULL NAME

Lena Ora Dees

(a) Residence, No. Flat River, Mo. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 8, 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
30 11 4

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) Wayne County, Missouri (STATE OR COUNTRY)

13. NAME Andy Bennett

14. BIRTHPLACE (CITY OR TOWN) Wayne County, Missouri (STATE OR COUNTRY)

15. MAIDEN NAME Myrtle Berryman

16. BIRTHPLACE (CITY OR TOWN) Wayne County, Missouri (STATE OR COUNTRY)

17. INFORMANT C. B. Dees (ADDRESS) Flat River, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Parkview Cem. DATE Dec. 6, 1937

19. UNDERTAKER Caldwell Bros. (ADDRESS) Flat River, Mo.

20. FILED Dec. 6, 1937 A. W. Hawkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1937, to Dec. 4, 1937

I last saw her alive on Dec. 4, 1937. Death is said to have occurred on the date stated above, at 9:00 p.m.

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

Chronic myocarditis of many years' standing, according to history.

Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? phys. exam 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) H. H. Roebber, M. D. (Address) Bonne Terre, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in very important. Cause of death to be accurately supplied. AGE should be stated EXACTLY. PHYSICIANS should state

