

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

Do not use this space.

21

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

File No. 2124

Township Joseph

Primary Registration District No. 1001

Registered No. 105

City Meriden (No. 2214)

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2214 Messenia 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1937, to Jan 26, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1 - 1864

Last saw him alive on Jan 26, 1938 Death is said to have occurred on the date stated above, at _____ a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 73- 3 25

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

Diabetes Mellitus

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Belvidere Hotel
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C. B. & O. Ry.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance:
Arteriosclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookfield Mo

Name of operation Autopsy Date of _____

13. NAME Unknown

What test confirmed diagnosis? _____ Was there an autopsy? No

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

23. If death was due to external causes (violence), fill in also the following:
Date of injury _____, 19____

15. MAIDEN NAME Lesh, Brooks

What did injury occur? _____ (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairfax Va

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Florence Lee, 2214 Messenia

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Walden Cem DATE Jan 29, 1938

Nature of injury _____

19. UNDERTAKER (ADDRESS) Lawsey Mortuary, 1607 E. Messenia

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

20. FILED 1-29-38 J. H. Heath Registrar.

(Signed) J. D. Deaton, M. D.
(Address) St. Joseph Mo

BUREAU OF VITAL STATISTICS MISSOURI STATE BOARD OF HEALTH

(Address) _____

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.

