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.

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

Do not use this space.

File No. 2539

Registered No. 11

1. PLACE OF DEATH
County: Cooper
Township:
City: Boonville (No. ..., St. ..., Ward)

Registration District No. 218
Primary Registration District No. 3015

2. FULL NAME: Joseph Harold Lee ooo

(a) Residence, No. 304 Spring 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 1-1917

7. AGE: Years 20 | Months 3 | Days 23 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Resturant
10. Date deceased last worked at this occupation (month and year): Jan 18-1938
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): California Mo.

FATHER
13. NAME: Chas Zimmerman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): California Mo

MOTHER
15. MAIDEN NAME: Maude Copas
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Prairie Home Mo

17. INFORMANT (ADDRESS): Mrs Maude Lee Boonville, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: New Lion Cem Near Clarksburg Mo DATE: Jan 26 1938

19. UNDERTAKER (ADDRESS): Goodman & Bolley Boonville, Mo.

20. FILED: Jan 25, 1938 D. E. Cooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1938, to Jan 24, 1938
I last saw h. alive on Jan 24, 1938. Death is said to have occurred on the date stated above, at 12 20 p m.
The principal cause of death and related causes of importance were as follows:

Pneumonia, Lobar — Date of onset 1-18-38

108

Other contributory causes of importance:
None

Name of operation: none Date of:
What test confirmed diagnosis? None 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. E. Cox, M. D.
(Address) 177 Boonville, Mo.

RECEIVED FEB 23 1938 BUREAU OF VITAL STATISTICS MO. STATE BOARD OF HEALTH