

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

Do not use this space.

REC'D MAY 18 1938

14600

1. PLACE OF DEATH

County Gentry Registration District No. 309
 Township Athens Primary Registration District No. 5427
 City (No.) St. Ward

2. FULL NAME Evalina Hill Lee

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1938, to, 19.....

I last saw her alive on April 21, 1938. Death is said to have occurred on the date stated above, at 11:30 P. m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 1 28

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Acute Endocarditis 1938

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

Other contributory causes of importance
Chronic Infective Endocarditis
8 yrs. Standing

12. BIRTHPLACE (CITY OR TOWN) Gentry Co.
 (STATE OR COUNTRY) Missouri

13. NAME Lafayette Hill

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

15. MAIDEN NAME Mary Helen Parks

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

17. INFORMANT Henry Lee
 (ADDRESS) No Fall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jones Chapel DATE April 23, 1938

19. UNDERTAKER Robert L. Yagle
 (ADDRESS) Albany Mo.

20. FILED Apr 22, 1938 W. T. Martin
 Registrar.

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) C. J. Gray

(Address) Albany Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

