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

REC'D JUN 16 1938

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18011
Do not use this space.

1. PLACE OF DEATH
(a) County Christian
(b) Township S. Galloway
(c) City
Registration District No. 184
Primary Registration District No. 6270
Registered No. 14
(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Robert Lee
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Dicy Lee
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 15 - 1876
7. AGE: Years 61 Months 9 Days 4 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
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): Missouri

FATHER
13. NAME: Samuel Lee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Nervie Payne
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT: Mrs. Annie Wolff
(ADDRESS) Ponce De Leon, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Martin Cem. DATE April 20 - 1938

19. FUNERAL DIRECTOR: J. W. Maples
(ADDRESS) Clever Mo.

20. FILED May 15 1938 Loretta Leonard
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April - 19 - 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1938, to April 19 1938
I last saw him alive on April 14 1938. Death is said to have occurred on the date stated above, at 1-50 Am.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis -
A.B.V

Date of onset

Other contributory causes of importance:
Arteriosclerosis -

Name of operation no Date of
What test confirmed diagnosis? Clinically 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? no
If so, specify
(Signed) [illegible], M. D.
(Address) [illegible]

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

90M-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, J. W. Maples, Licensed Embalmer No. 2985

hereby certify that the body recorded on the reverse side of this certificate was not embalmed ~~by~~:

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed J. W. Maples

Licensed Embalmer No. 2985

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)