

REC'D JUN 16 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County Crawford Registration District No. 239 File No. 18125  
Township Benton Primary Registration District No. 5312 Registered No. \_\_\_\_\_  
City Cuba, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mildred M. Lee (000)

(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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8th 1916  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
21 6 14

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) Kansas City  
(STATE OR COUNTRY) Kansas

13. NAME H. J. Perry

14. BIRTHPLACE (CITY OR TOWN) Barnard  
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Lucy Ann Burns

16. BIRTHPLACE (CITY OR TOWN) Cleasville  
(STATE OR COUNTRY) Gasconade Mo

17. INFORMANT Ralph E. Perry  
(ADDRESS) Cuba, Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Kinders' Cem DATE Dec 23rd 1937

19. UNDERTAKER Jas. H. Hollow  
(ADDRESS) Cuba, Missouri

20. FILED Jan 3, 1938 J. P. R. [Signature] Registrar 206

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 22nd 1937

22. I HEREBY CERTIFY, That I attended deceased from December 17, 1937, to December 22, 1937

I last saw h. ex alive on Dec 22, 1937. Death is said

to have occurred on the date stated above, at 1:45 A. M.

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

General Peritonitis  
following a suppurative  
Sepsis from child birth

Date of onset

Other contributory causes of importance: 1450

Name of operation Exploratory 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) [Signature] M. D.

(Address) 1901 [Address] MO.

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