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.

REC'D JUN 17 1938

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

Do not use this space.

18678

1. PLACE OF DEATH
County Lafayette — Registration District No. 46 C
Township — Primary Registration District No. 4277
City Odessa (No. ..., ... St. ... Ward)

File No.
Registered No. 31

2. FULL NAME Medora C. Lee

(a) Residence, No. ... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 17, 1846

7. AGE: YEARS 92 — MONTHS 1 — DAYS 29 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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) (STATE OR COUNTRY): Mississipi

FATHER
13. NAME: Richard H. Lee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER
15. MAIDEN NAME: Almary Arnold
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): Mrs. H.J.Ramsey, Odessa, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Odessa, Mo. DATE May 18, 1938

19. UNDERTAKER (ADDRESS): L.C.Husman, Odessa, Mo.

20. FILED 5-17-1938 Mrs E. M. Goodwin, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-16-1938

22. I HEREBY CERTIFY, That I attended deceased from 5-16-1938, to 5-16-1938
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
① Fractured Skull	5/16/38
② Concussion of Chest	
(Coroner's Case)	

Other contributory causes of importance:
② Senile Dementia
③ Internal Hemorrage

186a

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5-16-1938
Where did injury occur? Home - Odessa Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Fall
Nature of injury Fr. skull chest concussion

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. B. Nisbet, M. D.
(Address) Odessa Mo
Coroner