

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

10046
 Do not use this space.

REC'D APR 11 1939

1. PLACE OF DEATH *Boone Co. 2*

(a) County *Boone Co. 1* Registration District No. *94*

(b) Township *Rosky Fork* Primary Registration District No. *513* Registered No. *2*

(c) City (d) Street No. St.

(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 *Chas. A. Lee*

(a) Residence, No. *16. R. # 1 Brown Sta Mo* St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 9, 1882*

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

56 8 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Farmer*

9. Industry or business in which work was done, as 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) *Boone County Mo*

13. NAME *John M. Lee*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Boone County Mo*

15. MAIDEN NAME *unknown*

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

17. INFORMANT (ADDRESS) *Mrs. Chas. A. Lee 16. R. # 1 Brown Sta Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Nashville* DATE *Feb. 13 39*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *L. J. Menter Nashville, Mo.*

20. FILED *3-14-39 Mrs. F. Laucelle Local Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 11 1939*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 1938* to *Mar-11-1939*

I last saw him alive on *Mar-10-1939*. Death is said to have occurred on the date stated above, at *7:30 A.M.*

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

Bronchial Asthma
Arterio sclerosis + Hypertensive

Date of onset

Other contributory causes of importance: *97*

Name of operation *none* Date of

What test confirmed diagnosis? *Cerebral* 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) *F. C. Suggitt*, M. D.
 (Address) *Columbia*

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

K. 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.

30M-9-19-38 X18605

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by L. J. Minter

....., Registered Apprentice No.

working under my personal supervision.

Signed L. J. Minter

Licensed Embalmer No. # 2232

P. O. Address Boonville Mo

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.)

If this body is not embalmed, above space should be left blank.