

1939 MAY 22 1939

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

15853  
Do not use this space.

1. PLACE OF DEATH  
(a) County Polk Registration District No. 700  
(b) Township Union Primary Registration District No. 6249 Registered No. 7  
(c) City Adair or (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 David Armstrong Lee  
(a) Residence, No. \_\_\_\_\_ St. 2 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary C. Lee  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4, 1852  
7. AGE YEARS 87 MONTHS 1 DAYS 7 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
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 1  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marengo County, Indiana  
13. NAME Joseph Lee  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana  
15. MAIDEN NAME Martha Ann Schuler  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana  
17. INFORMANT (ADDRESS) Mrs. Golden M. Sharp Adair, Mo.  
18. BURIAL, CREMATION, OR REMOVAL Interred Mar 13, 1939  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) White-Ewing Adair, Mo.  
20. FILED May 6, 1939 Verna Miller Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 11, 1939  
22. I HEREBY CERTIFY, That I attended deceased from Nov-11-1937 to March 1-1939  
I last saw him alive on March-8-1939. Death is said to have occurred on the date stated above, at 8:45 p.m.  
The principal cause of death and related causes of importance were as follows:  
Chronic Nephritis  
Date of onset Sept 1937  
Other contributory causes of importance: none  
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) W. W. Myers, M. D.  
(Address) Adair, Mo.

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.

RECEIVED

District Health Officer No. 71

District File Number 7-39-826

Date Filed 5-12-39

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**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**