

AUG 11 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County North
 Township Albion
 City 307 E. L. Seat

Registration District No. 905Primary Registration District No. 6216File No. 27168

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward _____

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF Arress Seat6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14, 18667. AGE YEARS 73 MONTHS 4 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Jan 19, 193911. Total time (years) spent in this occupation 1 yr12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North County, Mo.13. NAME Henry N. Seat14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper County, Mo.15. MAIDEN NAME Parthana Thieria16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray County, Mo.17. INFORMANT (ADDRESS) J. R. Brain

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Hope DATE July 24, 193919. UNDERTAKER (ADDRESS) Brain Bros20. FILED Aug 8 1939Registrar. A. L. Perry

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 193922. I HEREBY CERTIFY That I attended deceased from July 21, 1939 to July 22, 1939I last saw him at time of death July 22, 1939. Death is saidto have occurred on the date stated above, at 4:08 p.m.

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

Cerebral ContusionDate of onset July 21Other contributory causes of importance: 1939

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 July 21, 1939Where did injury occur? North County

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

on public roadManner of injury fell down Grader-ditchNature of injury hit head first - Cerebral Contusion24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) J. R. Brain D.D. M. D.(Address) Denver, Mo.

825

RECEIVED

District Health Officer No. 16

District File Number

839-1002

Date Filed

AUG 9 1939

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

27168

Do not use this space.

1. PLACE OF DEATH

(a) County North Allen Registration District No. 905-
(b) Township Allen Primary Registration District No. 6216 Registered No. _____
(c) City _____ (d) Street No. _____
(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 Robert E. Lee

(a) Residence, No. _____ St. ☐ (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS 73 MONTHS 4 DAYS 8
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.
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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Sept 12, 1939 A. L. Perry Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-22-39

22. I HEREBY CERTIFY, That I attended deceased from 19____ to 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

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) J. H. Hickey M. D.

(Address) Denver, Mo

1939

S-22138