

NOV 7 1939

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

35847

Do not use this space.

1. PLACE OF DEATH

(a) County Clinton Registration District No. 204
(b) Township Shoal Primary Registration District No. 3013
(c) City Cameron (d) Street No. 51
(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

(a) Residence, No. 26 2nd 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 (write the word) DIVORCED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas Lee
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-21-1878
7. AGE YEARS 61 MONTHS 7 DAYS 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Miner
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) Shoal Co. Mo. (STATE OR COUNTRY)

13. NAME John Bradford
14. BIRTHPLACE (CITY OR TOWN) Shoal Co. Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Carolyn Jones
16. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY)

17. INFORMANT Marshall Moore (ADDRESS) Cameron, Mo.

18. BURIAL, CREMATION, OR REMOVAL Christian Chapel PLACE Shoal Co. Mo. DATE OCT 31 1939

19. FUNERAL DIRECTOR (NAME) Old Moore (ADDRESS) Cameron Mo.

20. FILED Oct 30 1939 St. Albans Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCT 28 1939 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1938 to OCT 28 1939
I last saw Chas Lee alive on OCT 27 1939 Death is said to have occurred on the date stated above, at 7:30 m.
The principal cause of death and related causes of importance were as follows:

Cancer of Rectum Primary

Other contributory causes of importance:

Name of operation Prostatectomy
What test confirmed diagnosis? None 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?
If so, specify At Gilleland
(Signed) A. Gilleland M. D.
(Address) Cameron Mo.

Death No. 11

Death No.

1139-1431

Date of Death

1939

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, O. A. MOORE

....., or by

Registered Apprentice No., working under my personal supervision.

Signed



Licensed Embalmer No.

1180

P. O. Address

Cameron, 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.