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

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.

DEC 12 1939

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

Do not use this space.

40272

1. PLACE OF DEATH
County Mississippi 2 1 Registration District No. 566
Township Primary Registration District No. 3030
City Charleston Mo (No. ..... St. ..... Ward)
File No. .....
Registered No. 121

2. FULL NAME Ruby May Lee
(a) Residence, No. Charleston Mo St., ... Ward. .....
(Usual place of abode) (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 F
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 8th 1939
7. AGE YEARS Premature 0 MONTHS 0 DAYS 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Charleston Mo

FATHER
13. NAME Haley Lee 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi 1

MOTHER
15. MAIDEN NAME Lenia Holley 1
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rich Miss

17. INFORMANT (ADDRESS) Mary P Emanuel Medwife Charleston Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove DATE 11-18-1939
19. UNDERTAKER (ADDRESS) Private
20. FILED 11-18-1939 F J Vernon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18th, 1939
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.
No Doctor 1 Lad Medwife
The principal cause of death and related causes of importance were as follows:
Premature child 7 months
Malnutrition deformed in legs
This is history as given by
Other contributory causes of importance:
The Medwife
Date of onset
Name of operation None 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? ..... 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) Frank S Vernon, M. D.
(Address) Charleston Mo Coroner

RECEIVED
District Health Officer No. 2,
District File Number 1239-322
Date Filed 12-1