

FILED AUG 9 1940

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

25312

Do not use this space.

## 1. PLACE OF DEATH

(a) County Howard Registration District No. 379  
 (b) Township Chariton Primary Registration District No. 4223 Registered No. 5529  
 (c) City..... (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

DR. H. LOGAN BROWN LEE  
 (a) Residence, No. 217 S. GOWD MO 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 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 Estrela Hamilton  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 6 1869  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 10 8

OCCUPATION 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. Farm  
 10. Date deceased last worked at this occupation (month and year) February 1938 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard County Mo

FATHER 13. NAME Bert Lee  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Mary Frances Brown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs Oady Galloway Glasgow Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Green DATE July 17, 40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walker Rindley Glasgow Mo

20. FILED 7-31 1940 J. W. Gardner, M.D. Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 1940

22. I HEREBY CERTIFY That I attended deceased from 7-1 1939 to 7-14 1940

I last saw him alive on 7-13 1940 Death is said to have occurred on the date stated above, at 7:15 P. m.

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

Carcinoma of stomach Date of onset 46

Other contributory causes of importance:

Name of operation Autopsy Date of 7-15-40

What test confirmed diagnosis?..... Was there an autopsy? yes

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 W. B. Kitchen M. D.

(Signed) E. J. Gardner, M.D.

(Address) Glasgow, Mo.

RECEIVED  
District Health Officer No. 8,  
District File Number  
8-6-40  
Date Filed

**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, .....

*J. Walker Audsley*

..... or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*J. Walker Audsley*

Licensed Embalmer No. 3336

P. O. Address Glasgow 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.**