

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

Do not use this space.

43732

**JAN 25 1941**

**1. PLACE OF DEATH**

County St. Francois Registration District No. 774  
Township St. Francois Primary Registration District No. 4465  
City Flat River (No. 3) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 1005

**2. FULL NAME**

MARY ELIZA LEE  
(a) Residence, No. Emboille 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 0 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
63 2 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) 12-5-40 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Emboille Mo.

13. NAME Wm. Galbraith

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

15. MAIDEN NAME Mary Ann Sellers

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

17. INFORMANT (ADDRESS) Robert Lee  
Emboille Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rolla Mo. Cemetery DATE Dec 7, 1940

19. UNDERTAKER (ADDRESS) Donald B. Deibel  
Rolla Mo.

20. FILED 1/4 1941 C. B. Farnart  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-5, 1940

22. I HEREBY CERTIFY, That I attended deceased from 9-8, 1940, to 12-5, 1940.

I last saw her alive on 12-4, 1940. Death is said to have occurred on the date stated above, at 6:30 p. m.

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

Mercuric poisoning about 11-6-40  
Cerebral Hemorrhage. Reported and cerebral softening. Report about 9-8-40

Other contributory causes of importance: Artificial Salivaria  
Septic meningitis infection. Bladder and kidney. Report about 10-29-40

Name of operation Necropsy Date of 12-5-40  
What test confirmed diagnosis? Histology, Physical Exam & Microscopy 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? No

If so, specify \_\_\_\_\_ (Signed) Paul L. Jones M. D.  
\_\_\_\_\_ (Address) Flat River, 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.

Statement of Licensed Embalmer

I hereby certify the body whose name is recorded on the reverse side of this Certificate was embalmed by me, or by Priscilla B. Dietrich Registered Apprentice no. 258 working under my personal supervision.

Donnell B. Dietrich  
Licensed Embalmer no. 4104

Debate  
Mo.