

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

Do not use this space.

686

1. PLACE OF DEATH

County Clay
Township Liberty
City Liberty (No.)

Registration District No. 201
Primary Registration District No. 3012

File No.
Registered No. 13
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ann Lee</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 27-1851</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>3</u>	DAYS <u>24</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farming</u>
	10. Date deceased last worked at this occupation (month and year) <u>3 years</u>
	11. Total time (years) spent in this occupation <u>70</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Missouri City, Mo.

13. NAME
James Lee

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

15. MAIDEN NAME
Celia Chandler

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

17. INFORMANT (ADDRESS)
Jm Lee

18. BURIAL, CREMATION, OR REMOVAL PLACE
Liberty Mo. DATE 23/33

19. UNDERTAKER (ADDRESS)
Church - Under 100

20. FILED FEB 20 1933 REGISTRAR W. H. Anderson

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1933, to Jan 21, 1933
I last saw him alive on Jan 21, 1933 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:

Erysipelas
15
Other contributory causes of importance:
General arteriosclerosis

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? 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) Richard Malloy, M. D.
(Address) Liberty 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.

