

AUG 19 1937

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

Do not use this space.

26817

1. PLACE OF DEATH

County Callaway
Township Shelton
City Shelton

Registration District No. 104
Primary Registration District No. 3008
State Hosp #1

File No. 26817
Registered No. 174
St. 1 Ward

2. FULL NAME

(a) Residence, No. George Lemville See
(Usual place of abode)

St. 1 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 3 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1937, to July 11, 1937

I last saw her alive on July 10, 1937. Death is said to have occurred on the date stated above, at 7:10 A.M.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16, 1904

7. AGE YEARS 33 MONTHS 3 DAYS 25 If LESS than 1 day, hrs. or min.

Date of onset 7/11/37

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Strangulation -
Aspiration of food
bolus. (accidental)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation None

Other contributory causes of importance:

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

Name of operation None Date of None

13. NAME George See

What test confirmed diagnosis? None Was there an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union County, Mo.

15. MAIDEN NAME Lola L. White

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury None, 19

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal, Missouri

Where did injury occur? None (Specify city or town, county, and State)

17. INFORMANT State Hospital Records

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury None

PLACE Paris, Mo. DATE July 13, 1937

Nature of injury None

19. UNDERTAKER Speed & Blakey

24. Was disease or injury in any way related to occupation of deceased? no

(ADDRESS) Paris, Mo.

If so, specify

20. FILED July 11, 1937 R. N. Crews Registrar.

(Signed) Jos. R. Mulkey, M. D.

(Address) Facton Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

