1788

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

Do not use this space.

8135

**1. PLACE OF DEATH**

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 988

City Kansas City (No. 6017 Walnut Street St. Ward)

**2. FULL NAME** Robert Addison Lee Lea

(a) Residence. No. 6017 Walnut Street St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| ~~Fe~~male | white | single |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 5, 1926

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 1 | 0 | 1 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Dr. J. Addison Lea

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Gainsville Tex

12. MAIDEN NAME OF MOTHER Eleanor Thornton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT Dr J Addison Lea (Address) 6017 Walnut St.

15. FILED 3/8 1927 M. M. Crowe Asst REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 6, 1927

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1927, to March 6, 1927 that I last saw him alive on March 6, 1927, and that death occurred, on the date stated above, at 10:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108
104A 101A
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Upper respiratory infection
(duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at home

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical observation

(Signed) Charles J Eldridge, M.D

March 7, 1927 (Address) 711 Lathrop Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, ~~CREMATION, OR REMOVAL~~ Forest Hill Cem — DATE OF BURIAL 3-8 1927

20. UNDERTAKER Stine & McClure — ADDRESS 924 Oak

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.