APR 26 1927

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

Do not use this space.

Dr 8682

1. PLACE OF DEATH

County Johnson — Registration District No. 431 — File No.

Township Warrensburg — Primary Registration District No. 3023 — Registered No.

City " (No. ..... St. ..... Ward)

2. FULL NAME Joseph Lee

(a) Residence. No. 211 E Russell 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. 10 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. ~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~ (write the word): N

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 1 1851

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
76	—	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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

PARENTS

10. NAME OF FATHER John Lee

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

12. MAIDEN NAME OF MOTHER Ann Birch

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

14. INFORMANT Dick Burton
(Address) Warrensburg Mo.

15. FILED 3/18, 1927 Wm P Patterson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 17 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1926, to March 17th, 1927 that I last saw him alive on March 17th, 1927, and that death occurred, on the date stated above, at 8:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Rectum

45

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (SECONDARY) Dont know

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) O B Hall, M. D

3/18, 1927 (Address) Warrensburg Mo.

*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: Yale Iowa

DATE OF BURIAL: March 19 1927

20. UNDERTAKER: Surrey-Gore

ADDRESS: Warrensburg 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.