APR 23 1928

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

Do not use this space.

1. PLACE OF DEATH

County Buchannan — Registration District No. 85 — File No. 7967

Township — Primary Registration District No. 1001 — Registered No. 417

City St. Joseph (No. 1110 North 13th Street. St. Ward)

2. FULL NAME Louisa Frances Lee.

(a) Residence. No. 1110 North 13th 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. 5 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: Thomas Jefferson Lee.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 9, 1852.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
75	8	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Baxter Springs
(STATE OR COUNTRY) Kansas.

PARENTS

10. NAME OF FATHER Henry Messick.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Holland.
12. MAIDEN NAME OF MOTHER Louisa Tutman.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) England.

14. INFORMANT Mrs P.W. Hamm.
(Address) 1110 North 13th Street.

15. FILED MAR 31 1928 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 31, 1928

17. I HEREBY CERTIFY, That I attended deceased from Viewed. March 31, 1928, to , 19 that I last saw h alive on , 19 , and that death occurred, on the date stated above, at 1. A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

74 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (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? viewed

WHAT TEST CONFIRMED DIAGNOSIS? viewed History

(Signed) J.W. Mays Coroner, M.D.

3/31, 1928 (Address) St Joseph 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: Baxter Springs, Kansas — DATE OF BURIAL: April 2 1928.

20. UNDERTAKER: H.O. Sidenfaden — ADDRESS: 1802 Union Str

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.