L 24 1928

207

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

Do not use this space.

19986

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 779

City St Joseph (No. ..... St. ..... Ward)

2. FULL NAME Joshua Lee

(a) Residence, No. State Hosp #2 St Joseph Mo Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 8 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: C
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown / Married

6. DATE OF BIRTH (MONTH, DAY AND YEAR): About 1855

7. AGE: About 73 — YEARS: Unknown — MONTHS: Unknown — DAYS: Unknown — If LESS than 1 day, ... hrs. ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Unknown (STATE OR COUNTRY): Unknown

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown (STATE OR COUNTRY): Unknown

14. INFORMANT: Clinical Record (Address) State Hosp #2 St Joe Mo

15. FILED: JUN 20 1928 John G. Uz, REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 19 1928

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1928, to June 19, 1928, that I last saw him alive on June 19, 1928, and that death occurred, on the date stated above, at 7.40 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gangrene of Foot (Right)
97
98B (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis (duration) 2 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? Clinical
(Signed) R. D. Curtis, M. D
June 19 1928 (Address) State Hosp #2 St Joe 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: Kansas City Mo. shipped — DATE OF BURIAL: 6-20-1928

20. UNDERTAKER: Ramsey Funeral Service — ADDRESS: 920 Olive St Sgor Mo

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.