DEC 26 1928

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

Do not use this space.

36166

1. PLACE OF DEATH
County Buchanan
Township
City St. Joseph,
Registration District No. 85
Primary Registration District No. 1001
(No. Missouri Methodist Hospital St. Ward)
File No.
Registered No. 1351

2. FULL NAME John Harold Lee,
(a) Residence. No. 1808 Francis St., Ward.
(Usual place of abode)
(If nonresident give city or town and State)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) About yr. 1872

7. AGE: About 56 YEARS; Unk. MONTHS; Unk. DAYS; If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Telegraph Operator
(b) General nature of industry, business, or establishment in which employed (or employer) Grain
(c) Name of employer B.C. Christopher & Co.

9. BIRTHPLACE (CITY OR TOWN) Devonshire,
(STATE OR COUNTRY) England,

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

14. INFORMANT Miss Oda Smith
(Address) 724 South 17th St.

15. FILED NOV 27 1928 19 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 26. 1928

17. I HEREBY CERTIFY, That ~~Lattended~~ deceased from ....., 19...., to ....., 19...., that I last saw h..... alive on ....., 19...., and that death occurred, on the date stated above, at 9:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina pectoris
[illegible]
(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? yes
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) B. W. Tadlock Coroner, M. D.
11/27, 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: Whitby, Canada,
DATE OF BURIAL: Nov. 30 1928

20. UNDERTAKER: Heaton B. Gole & Bowman by F. H. Kane
ADDRESS: 319 S. 10 St. General Home

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.