

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

Do not use this space.

1566

1. PLACE OF DEATH

County Jackson

Registration District No.

Township Raw

Primary Registration District No.

City Kansas City (No. 1526)

Cherry

File No.

Registered No. 157

St. Ward)

2. FULL NAME

(a) Residence. No. 1322 Cherry St.,

2 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. da.

How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. COLOR OR RACE

white

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

widow

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

Jno S. Lee

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

Jan 12 - 1880

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, ... hrs. or min.

48

11

27

8. OCCUPATION OF DECEASED

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

Embroidery Work

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

waitress

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Alabama

10. NAME OF FATHER

unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

14.

INFORMANT

(Address)

John C. Lee
1301 Prospect.

15.

FILED

1-12-21 M. M. Crow
asst. REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

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

Jan 9 1929

17.

I HEREBY CERTIFY, That I attended deceased from

....., 19....., to

that I last saw him alive on

....., 19....., and that

death occurred, on the date stated above, at

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic endocarditis

myocarditis

(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

Chronic endocarditis

(duration) yrs. mos. da.

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? autopsy

(Signed) Stanley M. Hae, M. D.

1908, 1929 (Address) Deputy Coroner

*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

DATE OF BURIAL

Maple Hill Cemetery 1-12 1929

20. UNDERTAKER

ADDRESS

Elyas Funeral Home 1800 Linwood

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.

THIS IS A PERMANENT RECORD

48
10
9

247

2

31

31

