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

Do not use this space.

1918

1. PLACE OF DEATH

County Jackson ..... Registration District No. 399 ..... File No. .....

Township Kaw ..... Primary Registration District No. 1002 ..... Registered No. 512

City K.C. Mo. ..... (No. 1400 Forest St. ..... Ward)

2. FULL NAME William C. Lee

(a) Residence. No. 1400 Forest. St., 9 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. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: Wh.

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

5a. If Married, Widowed, or Divorced HUSBAND OF (OR) WIFE OF: Mary Lee

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 3-13-1873

7. AGE: Years 55 | Months 10 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): McPherson
(STATE OR COUNTRY): Kansas.

PARENTS

10. NAME OF FATHER: no record

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): no record

12. MAIDEN NAME OF MOTHER: no record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): no record

14. INFORMANT: Mary Lee
(Address): 1400 Forest.

15. FILED 2-1, 19 29 M M Crow
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1-31- 19 29

17. I HEREBY CERTIFY, That I attended deceased from 12-11, 19 28, to 1-31, 19 29
that I last saw him alive on 1-30, 19 29, and that death occurred, on the date stated above, at 1:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of oesophagus
46A

44a

(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? No

What test confirmed diagnosis? Clinical Find + X Ray Find

(Signed) P E Williams, M.D.

2-1, 19 29 (Address) Supt K.C. General Hosp.

*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: Elmwood
DATE OF BURIAL: 2-2 19 29

20. UNDERTAKER: Mrs. C. L. Forster
ADDRESS: City 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.

185
2
31
131