MAR 21 1929

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.

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

Do not use this space.

5522

85

Registration District No. 1001

Primary Registration District No.

File No.

Registered No. 186

1. PLACE OF DEATH
County: Buchanan
Township:
City: St Joseph (No. 315 So. 16th St. Ward)

2. FULL NAME: Frank Lee

(a) Residence. No. 315 So. 16th St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	Negro	Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 1 – 1859

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
69	9	12	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Joseph Mo.

PARENTS

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: Mrs. F. C. Goodwin
(Address): Little Rock Ark.

FEB 15 1929

15. FILED 19..... John G. Jeffs, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 13 – 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1929, to Feb. 13, 1929, that I last saw him alive on Feb. 13, 1929, and that death occurred, on the date stated above, at 5:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Angina Pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Mitral incompetence

Corey (duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED: Home

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Typical

(Signed) A. G. Hearn, M. D.

14 Feb. 1929 (Address) 1908 Missouri

*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
Mt Mora Cemetery	Feb 15 – 1929
20. UNDERTAKER	**ADDRESS**
Ramsey Funeral Service	St Jos.