JUL 25 1929

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

Do not use this space.

1. PLACE OF DEATH
County Henry — Registration District No. 347
Township White Oak — Primary Registration District No. 5495
City Urich Mo (No. ; St. ; Ward)

File No. 21278
Registered No. 90

2. FULL NAME Frank R. Lee

(a) Residence. No. St., 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. 3 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	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mrs Nettie Lee

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 29-1847

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
~~82~~	82	2	26	

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

9. BIRTHPLACE (CITY OR TOWN) Prague
(STATE OR COUNTRY) Bohemia

PARENTS

10. NAME OF FATHER Frank Albert Lee
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bohemia
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary (unknown name)
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Bohemia

14. INFORMANT Mrs G S Graham
(Address) Urich Mo

15. Filed June 28. 1929 Dr. E. C. Peelor per JS REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 26 1929

17. I HEREBY CERTIFY, That I attended deceased from June 22, 1929, to June 26, 1929, that I last saw him alive on June 26, 1929, and that death occurred, on the date stated above, at 1.30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Left side
82D
75A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Do not Know
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED At place of residence
IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No. DATE OF X
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) J. W. Graham M.D
19 (Address) Urich 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 Springfield Mo — DATE OF BURIAL 6-28 1929
20. UNDERTAKER H P Smith — ADDRESS Urich 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.