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.

40876

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas city (No. 2300 College St. Ward)

File No. 5282
Registered No.

2. FULL NAME Geraldine Ruth Lee
(a) Residence. No. St. Anthony's Home 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-5-29.

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, ...hrs. or ...min.
	2	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(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)

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Miss Lee
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Sister M. Joseph
(Address) St. Anthony's 23 St & College Ave

15. FILED 12/23 1929 M. M. Crowe asst. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Decemb. 20 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec. 18th, 1929, to Dec. 20th, 1929, that I last saw her alive on Dec. 20th 1929, and that death occurred, on the date stated above, at 8.5 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Otitis Media — Primary
Broncho Pneumonia - Secondary
107A
89A — (duration) yrs. — mos. 3 ds.

CONTRIBUTORY (SECONDARY) Broncho Pneumonia
(duration) yrs. — mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? NO DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. L. Dwyer, M. D
XII/21, 1929 (Address) 5408 Central

*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: St Marys Cemetery — DATE OF BURIAL: Dec 24 1929

20. UNDERTAKER: John W Wagner — ADDRESS: Grand ave