

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

Do not use this space.

1255

246

1. PLACE OF DEATH Jackson Registration District No. 32
 County Kaw Townshp. Kansas City Primary Registration District No. 1002
 City Kansas City (No. Wesley Hospital) St. 3rd (Ward)

2. FULL NAME Grant Lee Leo
 (a) Residence. No. 515 E 12th St St. 2nd Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S., if of foreign birth? 5 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>Yellow</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF, <u>unknown</u> <u>Resides in Chicago</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Don't know</u>		
7. AGE YEARS <u>35</u>	MONTHS <input checked="" type="checkbox"/>	DAYS <input checked="" type="checkbox"/>
If LESS than 1 day, hrs. or min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>waiter</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Restaurant King Foy's</u> (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <u>China</u> (STATE OR COUNTRY)		
10. NAME OF FATHER <u>Lee Leo</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>China</u> (STATE OR COUNTRY)		
12. MAIDEN NAME OF MOTHER <u>unknown</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>China</u> (STATE OR COUNTRY)		
14. INFORMANT <u>Dr. Edmundson</u> (Address) <u>327 Ogyle</u>		
15. FILED <u>1/18 30</u> <u>M M Crows</u> <u>asst</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 16 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 15th, 1930, to Jan 16th, 1930 that I last saw him alive on Jan 16th, 1930, and that death occurred, on the date stated above, at 3:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute military tuberculosis
23 H
39 H (duration) yrs. 4 mos. 4 ds.
 CONTRIBUTORY Pulmonary Tbc.
 (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?
 (Signed) Dr. Edmundson M.D.
1-17-30 (Address) 327 Ogyle St

*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 Forest Hill DATE OF BURIAL Jan 20 1930

20. UNDERTAKER Julian K. Davidson ADDRESS K City 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.

