

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

Do not use this space.

20894

1. PLACE OF DEATH

County Clay Registration District No. 198
 Township Fishing River Primary Registration District No. 3611
 City Excelsior Springs, Mo. U. S. V., Hospital St. _____ (Ward) _____

File No. _____

Registered No. 87

2. FULL NAME LEE, Robert T. **Mo.**
 (a) Residence, No. U.S.V.H. Excelsior Springs, Mo. 3d Ward. 1520 Savannah Ave. St. Joseph
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nora Lee
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 17 1896
7. AGE YEARS 35 MONTHS 2 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. street car motorman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " " "
10. Date deceased last worked at this occupation (month and year) unknown **11. Total time (years) spent in this occupation** unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Frank Lee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Carrie Tritt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Hospital records
 (ADDRESS) USVH Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL St. Joseph, Mo. DATE 6-17-31, 1931
 PLACE _____

19. UNDERTAKER Herbert Hatake
 (ADDRESS) Excelsior Springs, Mo.

20. FILED 6/18, 1931 4th Craven
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1931, 1931
22. I HEREBY CERTIFY, That I attended deceased from June 13, 1931, 1931, to June 17, 1931, 1931.
 I last saw h. im alive on June 17 1931, 1931. Death is said to have occurred on the date stated above, at 8:50 AM
 The principal cause of death and related causes of importance were as follows:

D **decompensation of heart** Date of onset
95B
95B
 Other contributory causes of importance:
Hypertrophy & dilatation of heart

Name of operation none Date of _____
 What test confirmed diagnosis? nbs. & exam there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide none Date of injury _____, 1931
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? none
 If so, specify _____
 (Signed) Samuel J. Huse, M. D.
 (Address) U. S. Veterans Hospital, Excelsior Springs, Missouri.

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.

JUL 23 1931

