

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

Do not use this space. ✓

8307

1. PLACE OF DEATH

48 County Jackson
Township Blue
City Independence (No. 538 Stark)

Registration District No. 298
Primary Registration District No. 5554

File No. _____
Registered No. 117 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 538 Stark Ave St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 27-1927</u>		
7. AGE	YEARS <u>4</u>	MONTHS <u>7</u>
	DAYS <u>1</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>child</u>	
	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)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City Missouri</u>		
FATHER	13. NAME <u>Gordon Lowell Lee</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Newton Co Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Eva Williamson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Quincy Missouri</u>	
17. INFORMANT (ADDRESS) <u>Gordon Lowell Lee 538 Stark Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Springfield Washington Mar 30 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Carson Funeral Home Independence Mo</u>		
20. FILED <u>Mar 30 1932</u> <u>FD Cook</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-28 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/4, 1932, to 3/28, 1932
I last saw him alive on 3/28, 1932 Death is said to have occurred on the date stated above, at 11:15 P.M.
The principal cause of death and related causes of importance were as follows:

<u>Cerebral Abscess</u> <u>Polar Pneumonia</u> <u>108</u> <u>11500</u> <u>70A</u> <u>108</u> <u>108</u>	Date of onset
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Other contributory causes of importance:
Streptococcus Pharyngitis

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) William M. D.
(Address) 1207 N. 1st St. Independence 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.

APR 27 1932

Registrar.

