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

Do not use this space.

22411

File No. .....

Registered No. 43

1. PLACE OF DEATH

33 County Dent — Registration District No. 266

Township Franklin — Primary Registration District No. 3-373

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Edgar Houston 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

AUG 23 1932

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.

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 Mary Bunch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	71	-	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Jackson Co Mo

FATHER

13. NAME Hiram Lee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) -- Ky

MOTHER

15. MAIDEN NAME Elizabeth Lee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) -- Ky

17. INFORMANT (ADDRESS) Mrs Lee Darien Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Forest DATE 7/28 1932

19. UNDERTAKER (ADDRESS) Carl K Spencer Salem Mo

20. FILED 7/28 1932 W. E. Ruddick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27 1932

22. I HEREBY CERTIFY, That I attended deceased from June 9 1932 to June 28 1932

Last saw h. alive on June 28 1932 Death is said to have occurred on the date stated above, at 10.00 a.m. P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	Nov 1 1931

Other contributory causes of importance: Senility

Name of operation Cystoscopic Date of June 1932

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? No

If so, specify .....

(Signed) Lloyd H. Hunt M. D.

(Address) Salem Mo.