

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph,

Registration District No. 85
Primary Registration District No. 1001
(No. Missouri, Methodist Hospital St. _____ Ward)

File No. 28560
Registered No. 541

2. FULL NAME Minnie Lucile Lee,

(a) Residence, No. 2123 South 6th. 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. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</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		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 24th. 1932</u>		
7. AGE YEARS	MONTHS	DAYS
<u>0</u>	<u>0</u>	<u>0</u>
If LESS than 1 day, <u>12</u> hrs. or <u>0</u> min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as planner, 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) Saint Joseph, /
(STATE OR COUNTRY) Missouri,

MOTHER FATHER 13. NAME Raymond H. Lee,

14. BIRTHPLACE (CITY OR TOWN) Johnson County,
(STATE OR COUNTRY) Missouri,

15. MAIDEN NAME May Beggle,

16. BIRTHPLACE (CITY OR TOWN) Troy, 2
(STATE OR COUNTRY) Kansas,

17. INFORMANT Raymond H. Lee
(ADDRESS) 2123 South 6th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Amazonia, Mo. DATE Sept. 25th 32

19. UNDERTAKER Sheaton-Beggle & Bowman
(ADDRESS) 319 S. 10th St. Funeral Home

20. FILED 9-26-32 John W. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 24. 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 24 1932, to Sept 24, 1932
I last saw her alive on Sept 24, 1932 Death is said to have occurred on the date stated above, at 8:45 a.m.

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

Signature Birch
57 0 / 59
Other contributory causes of importance
Heartburn

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) Phys & Surg M.D., M. D.
(Address) _____

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.

OCT 24 1932

