

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

Do not use this space.

35593

1. PLACE OF DEATH

48 County Jackson
Township Blue
City Charlottesville Heights

Registration District No. 398

Primary Registration District No. 5554

File No.

Registered No. 350

St. Ward)

2. FULL NAME

Arthur R. Lee

(a) Residence, No. 1504 Hedger 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

JAN 9 1932

SEX <u>Se</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Milton D Lee</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 9 - 1858</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>9</u>
	DAYS <u>5</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>Housework</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>	
	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>New York</u> 2		
FATHER	13. NAME <u>Hiram Parcher</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> 31	
MOTHER	15. MAIDEN NAME <u>Plenor Clark</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Jan Holt</u> <u>9400 E-14th</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wt Washington</u> DATE <u>Nov. 16, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Mrs. C R Foster</u> <u>918 Brooklyn R.C. Mo</u>		
20. FILED <u>Nov-15 1932</u> <u>J R Cook</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1932 to Nov 14, 1932
I last saw her alive on Nov 14, 1932. Death is said to have occurred on the date stated above, at 8:00 p.m.
The principal cause of death and related causes of importance were as follows:
Bronchial pneumonia Date of onset 11/12/32
131
177A 131 107A 11/14/32
Other contributory causes of importance:
Chron. interstitial nephritis and mitral insufficiency.
Name of operation none Date of operation

What test confirmed diagnosis? B.P. & windys dis No. 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) J. N. Klee M. D.
1103 37 1/2 Winnebago Rd Independence Mo
(Address)

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.

100 J. M. 1000
Langhin Bldg
Englewood
11037 1/2 W. W. R. Rd.