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.

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

Do not use this space.

36567

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City K.C. Mo (No. Mercy Hospital St. Ward)

File No.
Registered No. 4488

2. FULL NAME Lee Badger
(a) Residence, No. Lee Summit Mo St. R.R. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1-2-1928
7. AGE: YEARS 5 — MONTHS 10 — DAYS 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child
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): Lees Summit Missouri

FATHER
13. NAME: Charles Badger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rosedale Kansas

MOTHER
15. MAIDEN NAME: Pearle Murkin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lees Summit Missouri

17. INFORMANT (ADDRESS): Charles Badger R3 - Lees Summit Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brooking Cemetery DATE Nov 16 1933

19. UNDERTAKER (ADDRESS): Carson Funeral Home Independence Mo.

20. FILED 11-16-1933 M M Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-4-, 1933 to 11-14-, 1933
I last saw him alive on 11-14-, 1933. Death is said to have occurred on the date stated above, at 5:40 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor (Frontal) (Malignant)	
556	
87B	

53

Other contributory causes of importance:

Name of operation Suboccipital craniotomy & exploration Date of 11-13-33
What test confirmed diagnosis? Was there an autopsy? yes

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 Frank R Teachenor
(Signed) 1002 Argyle Bldg, M. D.
(Address) Kansas City, Mo.