

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

Do not use this space.

9307

1. PLACE OF DEATH

County Jackson Registration District No. 404  
 Townshp. Heater-Washington Primary Registration District No. 5558  
 City Kansas City (No. 8101) Wornall St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 17  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs. Carrie A. Lee

(a) Residence, No. 8101 Wornall 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Francis C. Lee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-22-1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
	<u>72</u>	<u>10</u>	<u>3</u>	

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

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) Missouri

13. NAME Samuel A. Lowe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

15. MAIDEN NAME Amanda Kidd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ref.

17. INFORMANT Mrs. Francis Lee  
 (ADDRESS) 8101 Wornall Rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill Cemetery DATE 3/26, 1934

19. UNDERTAKER Stine & McClure W. Co.  
 (ADDRESS) 3235 Litchman Plaza

20. FILED 3/26 Ed P. Phelan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1933, to Mar 24, 1934

I last saw her alive on Mar 24, 1934. Death is said to have occurred on the date stated above, at 2 A. m.

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

Chronic Interstitial Nephritis  
Chronic Myocarditis  
 Other contributory causes of importance \_\_\_\_\_  
 Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? micro 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) F. B. Wallace, M. D.

(Address) 703 Lathrop Bldg.

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.

1934

RECORD

