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

MAY 25 1934

Do not use this space.

17095

1. PLACE OF DEATH

County Jackson — Registration District No. 404 — File No.

Township ~~Kaw~~ Washington — Primary Registration District No. 5558 — Registered No. 23

City Kansas City (No. Armour Memorial Home St. Ward)

2. FULL NAME Francis Corydon Lee

(a) Residence, No. Armour Memorial Home 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Carrie Abbott Lee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 15, 1850

7. AGE: YEARS 84 — MONTHS 1 — DAYS 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Wabash Railway

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): Medina County Ohio

FATHER

13. NAME: William Lee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington County Virginia

MOTHER

15. MAIDEN NAME: Mary Sinkey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

17. INFORMANT (ADDRESS): Mrs. Pierre R Porter 6201 McGee

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Elmwood DATE: May 4, 1934

19. UNDERTAKER (ADDRESS): Steve E. McDuire 2235 Gillham Place

20. FILED 5/4, 1934 G R Hagg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1934, to 5-2, 1934

I last saw him alive on 5-2, 1934. Death is said to have occurred on the date stated above, at ....m.

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

Lobar Pneumonia — Date of onset 4-27-34

Other contributory causes of importance: none

Name of operation — Date of —

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) F B Wallace, M. D.

(Address) 703 Lathrop Bldg KCMo.