

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.

MAR 19 1936

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

Do not use this space.

5736

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence (No., St. Ward)

Registration District No. 398
Primary Registration District No. 5554

File No.
Registered No. 79 St. Ward)

2. FULL NAME

(a) Residence, No. 10601 East 18th St St. Independence Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. mo. da. How long in U. S., if of foreign birth? yrs. mo. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 21 1846

7. AGE YEARS 89 MONTHS 3 DAYS 29 IF LESS than 1 day, hrs. or min.

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

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) Jayette Co. Ohio (STATE OR COUNTRY)

13. NAME Jessie Lee

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

15. MAIDEN NAME Emily Lewis

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

17. INFORMANT Mrs. Emma Shoup (ADDRESS) 6601 E. 12th St. Ind. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lee Summit DATE Feb. 22 1936

19. UNDERTAKER N. B. Bangs (ADDRESS) Lee Summit Mo.

20. FILED 2-22-1936 J. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20 1936

22. I HEREBY CERTIFY That I attended deceased from Feb. 10 1936 to Feb. 20 1936

I last saw him alive on Feb. 20 1936 Death is said to have occurred on the date stated above, at 8 P. m.

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

Chronic Myocarditis
Myocardial Degeneration
Chronic Nephritis

Date of onset

Other contributory causes of importance:

Senility

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (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

(Signed) F. L. Cook M. D.
(Address) Independence Mo.

