JUL 28 1936

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

Do not use this space.

25176

File No.
Registered No. 26

1. PLACE OF DEATH
County: Saline
Township: East Band
City: Sweet Springs (No. , St. Ward)
Registration District No. 801
Primary Registration District No. 4480

2. FULL NAME: Wylie Chas. Lee
(a) Residence, No. (Usual place of abode) St., Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred: 58 yrs. 10 mos. 12 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): Married
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ida Lee
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 13, 1877
7. AGE: Years 58 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.: House Painter
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): Oct. 1935
11. Total time (years) spent in this occupation: 40 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweet Springs Mo

FATHER
13. NAME: Wm Lee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saline Co Mo

MOTHER
15. MAIDEN NAME: Mary White
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saline Co Mo

17. INFORMANT (ADDRESS): Mrs Ida Lee Sweet Springs Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Farrens DATE: June 26 1936
19. UNDERTAKER (ADDRESS): R. C. Porter Sweet Springs
20. FILED: June 27 1936 Rose C. Harrison Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 24 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1935, to June 24, 1936
Last saw h alive on June 24, 1936 Death is said to have occurred on the date stated above, at 4 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis pulmonary	

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Autopsy 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?
If so, specify
(Signed) O. L. Wheeler, M. D.
(Address) Sweet Springs

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.