

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.

NOV 16 1936

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

Do not use this space.

37743

1. PLACE OF DEATH

County *Jackson*

Township *North*

City *Warrensburg*

Registration District No. *399*

Primary Registration District No. *1002*

File No. *4598*

Registered No. *4598*

St. _____

Ward) _____

2. FULL NAME *Sam'l Craig M. Lee*

(a) Residence, No. *1015 Baller* 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 <i>M.</i>	4. COLOR OR RACE <i>Wh.</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Lucenia S. M. Lee</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 27-1864</i>		

7. AGE	YEARS <i>72</i>	MONTHS <i>4</i>	DAYS <i>19</i>	IF LESS than 1 day, _____ hrs. or _____ min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Retired</i>
	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)
Ill

13. NAME
John M. Lee

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

15. MAIDEN NAME
Unknown

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

17. INFORMANT (ADDRESS)
Charles S. M. Lee

18. BURIAL, CREMATION, OR REMOVAL PLACE
St. Charles, Mo. DATE *10-19-36*

19. UNDERTAKER (ADDRESS)
Eq. Laid Funeral Home

20. FILED *Oct 18 1936 M. M. Crowe* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 16 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Jan*, 1934 to *Oct 16*, 1936
I last saw him alive on *Oct 16*, 1936. Death is said to have occurred on the date stated above, at *7 P.* m.
The principal cause of death and related causes of importance were as follows:

Chr. myocardites
Chr. interstitial nephritis
Date of onset *2 yrs. ago*

Other contributory causes of importance:
Coronary sclerosis
Chr. interstitial nephritis

Name of operation *none* 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) *James T. Lesson*, M. D.
(Address) *207 R. 11th*

J. A. Tesson

Rialto Bldg