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

JAN 19 19..

Do not use this space.

44873

File No. 3454

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. Research Hospital St. Ward)

2. FULL NAME William E. Lee

(a) Residence, No. MERWIN MO St., Ward. Merwin, Missouri
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18, 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	70	7	29	

OCCUPATION

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

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) Illinois

FATHER

13. NAME George W. Lee

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

MOTHER

15. MAIDEN NAME Rebecca Jane Aikins

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

17. INFORMANT (ADDRESS) Mrs. Sina Lee, Merwin, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Merwin, Mo. DATE 12/18 1936

19. UNDERTAKER (ADDRESS) Stine & McClure, 3235 Gillham Plaza

20. FILED Dec 18 1936 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1936, to Dec 17, 1936

I last saw him alive on Dec 17, 1936. Death is said to have occurred on the date stated above, at 1:40 a.m.

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

	Date of onset
Hypertrophied Prostate	3 yrs
Diverticulum of Bladder	unknown
Myocardial Ex-haustion & Terminal Bronchopneumonia	5 days

Other contributory causes of importance:

Name of operation Prostatectomy Date of 11/28/36

What test confirmed diagnosis? Op. finding 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) Ernest E. Mark M.D.

(Address) 632 Professional Bldg.