MAY 18 1937

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

Do not use this space.

File No. 15819

Registered No. 524

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph (No. St. Joseph's Hospital St. Ward)

2. FULL NAME Alden J. Lee

(a) Residence, No. 6810 King Hill Ave. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 41 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 Margaret Lee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 6, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	8	23	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Post Office Dept.

10. Date deceased last worked at this occupation (month and year) April 1937

11. Total time (years) spent in this occupation 19

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centerville Iowa

FATHER

13. NAME Duncan Lee

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Margaret Lee
(ADDRESS) 6810 King Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Vault DATE May 1, 1937, 19

19. UNDERTAKER Clark Mortuary
(ADDRESS) St. Joseph, Mo.

20. FILED May, 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-25-, 1937, to 4-29-, 1937

I last saw h. alive on 4-29-, 1937. Death is said to have occurred on the date stated above, at 11 P m.

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

	Date of onset
Mesenteric Thrombosis	4-10-37

Other contributory causes of importance:

Name of operation Colostomy + appendectomy Date of 4-26-37

What test confirmed diagnosis? Operation 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) Paul Jongrass, M. D.

(Address) St. Joseph, Mo

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.