

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 12 1937

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

Do not use this space.

19078

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 818 Independence) St. Independence Ward 1
 File No. 19078
 Registered No. 5282639
 2. FULL NAME Effie Lee
 (a) Residence, No. 818 Independence St. Independence Ward 1
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 29, 1880
 7. AGE YEARS 57 MONTHS 2 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
 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) St Joseph mo.
 FATHER 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk.
 MOTHER 15. MAIDEN NAME Francis
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay county mo.
 17. INFORMANT Lonzo Lee
 (ADDRESS) 818 Independence
 18. BURIAL, CREMATION, OR REMOVAL PLACE Heathlawn DATE 5/19 1937
 19. UNDERTAKER Watkins Bros.
 (ADDRESS) 1729 Lydia
 20. FILED May 19, 1937 M. M. Crowe
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/15 1937
 22. I HEREBY CERTIFY, That I attended deceased from May 1, 1937 to May 15, 1937
 I last saw her alive on May 15, 1937 Death is said to have occurred on the date stated above, at 3:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Acute Myocarditis Date of onset 5/10-37
120B
 Other contributory causes of importance:
Gastro-Enteritis 5/1-37
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinic 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) A. D. Evans, M. D.
 (Address) 520 Ogden

