

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

Do not use this space.

**JUN 17 1937**

19471

1. PLACE OF DEATH  
County Buchanan  
Township  
City St. Joseph

Registration District No. 50  
Primary Registration District No. 1001  
(No. Mo. Methodist Hospital)

File No. 562  
Registered No. 562  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Alice Lee  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward White Cloud Kan.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. 4 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27 1917  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
19 9 14

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 1937 19  
22. I HEREBY CERTIFY, That I attended deceased from 5-7, 1937, to 5-10, 1937  
I last saw him alive on 5-9, 1937. Death is said to have occurred on the date stated above, at 6:30 a.m.  
The principal cause of death and related causes of importance were as follows:

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 \_\_\_\_\_

Structure of oesophagus -  
Sudden death - after apparently being in good condition. May have taken another poison.  
Other contributory causes of importance: Swallowed eye - intentionally

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) White Cloud Kas  
13. NAME William Lee  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) White Cloud Kas

Name of operation dilatation of oesoph. Date of operation 5-9-37  
What test confirmed diagnosis? X-ray Was there an autopsy? No

15. MAIDEN NAME Maudie Taylor  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) White Cloud Kas.  
17. INFORMANT William Lee White Cloud Kas  
(ADDRESS)

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? Swallowed Date of injury 5-11-1937  
Where did injury occur? White Cloud Kansas (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. home  
Manner of injury Swallowed eye -  
Nature of injury Burns of oesophagus

18. BURIAL, CREMATION, OR REMOVAL White Cloud Kas May 14 37  
PLACE DATE  
19. UNDERTAKER Barry Wylie  
(ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_ (Signed) Paul Jorgensen, M. D.  
(Address) St. Joseph Mo

20. FILED May 11 1937  
H. J. Nuttall  
Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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