

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

Do not use this space.

JAN 17 1938

44109

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 2820 East 21st St. _____ Ward)

File No. **5012**

Registered No. _____

2. FULL NAME

Agnes L. Lee

(a) Residence, No. 2820 East 21st 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14, 1847

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	90	8	28	

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. 26

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) Wisconsin

13. NAME Frederick W. Lyman

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

15. MAIDEN NAME No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT H. R. Pratt
(ADDRESS) 2820 East 21st St., Kansas City,

18. BURIAL, CREMATION, OR REMOVAL Elmwood Cemetery
PLACE Kansas City, Mo. DATE December 11, 1937

19. UNDERTAKER Stine & McClure
(ADDRESS) Kansas City, Missouri

20. FILED Dec 13 1937 M. M. Browne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1937, to Dec 12, 1937

I last saw him alive on Dec 10, 1937. Death is said to have occurred on the date stated above, at 3 A. m.

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

Cardiac Hemorrhage
regia & Aphasia
Date of onset 12-1-37

Other contributory causes of importance:

Arteriosclerosis
Senility

Name of operation none Date of _____

What test confirmed diagnosis? Chemical 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) Harry H. France, M. D.

(Address) Kansas City, Mo
1102 Broadway

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.

Experiment 1
no 3414 f. 200