REC'D MAR 14 1938

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 5681
Township Kaw — Primary Registration District No. 1002 — Registered No. 747
City Kansas City (No. 428, S Hardesty St. Ward)

2. FULL NAME Miss Harriett M. Lee 000
(a) Residence, No. 428 S. Hardesty St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2 - 1860
7. AGE: YEARS 78 — MONTHS 0 — DAYS 11 — 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) New Berlin Ill

FATHER
13. NAME Chas. Lee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Maria Wah
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) H. E. Dreier 5740 Grand
18. BURIAL, CREMATION, OR REMOVAL
PLACE Cremation DATE Feb. 15, 1938
19. UNDERTAKER (ADDRESS) D. W. Newcomers Sons B C & Paseo
20. FILED 2/14, 1938 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13, 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1938, to Feb 13, 1938
I last saw her alive on Feb 13, 1938. Death is said to have occurred on the date stated above, at 10:45 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arterio Sclerosis	years
10 Ta	
Other contributory causes of importance:	
Broncho Pneumonia	Feb 6

Name of operation ..... Date of .....
What test confirmed diagnosis? — Was there an autopsy? yes
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) John G Lapp, M. D.
(Address) 1314 Professional Bldg

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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