REC'D JUL. 15 1938

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

Do not use this space.

22067

File No.

Registered No. 120

3
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1. PLACE OF DEATH
County Jackson
Township Prairie
City Little Blue (No. Jackson County Hosp St. Ward)

Registration District No. 400
Primary Registration District No. 5553B

2. FULL NAME Lee, Bernard
ODD

(a) Residence, No. Dodson, Missouri 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Marie Lee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1910

7. AGE: Years 28 Months 1 Days If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unemployed
10. Date deceased last worked at this occupation (month and year) 1
11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas, Kansas 0

FATHER
13. NAME Clem E. Lee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County Missouri

MOTHER
15. MAIDEN NAME Corey Alice Jane
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County Missouri

17. INFORMANT (ADDRESS) Clem E. Lee Dodson Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Belton, Mo DATE June 5, 1938

19. UNDERTAKER (ADDRESS) E. K. Greene & Sons Independence, Mo.

20. FILED 6/13 1938 William J. Fielder Registrar. 362

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1938, to 6-3, 1938, and I last saw him alive on 6-2, 1938. Death is said to have occurred on the date stated above, at 5:30 A.M.

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

	Date of onset
Pernicious anaemia	

N/A

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) J. V. Greene, M. D.
(Address) Independence, 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.