REC'D JUL 17 1938

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

Do not use this space.

22205

File No. 60

Registered No.

1. PLACE OF DEATH
County Johnson
Township
City Warrensburg (No. St. Ward)

Registration District No. 431
Primary Registration District No. 3023

2. FULL NAME Blanche G. Lee 000

(a) Residence, No. 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): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. Lee
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 23 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	75	1	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Johnson Co. Mo

FATHER
13. NAME Wm P. Greenlee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

MOTHER
15. MAIDEN NAME Elizabeth Forster
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Mrs. Nannie Neet. Warrensburg, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Hill DATE June 10 1938

19. UNDERTAKER (ADDRESS) Sweeney & Phillips Warrensburg, Mo.

20. FILED June 10 1938 Earle Bentley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1938, to June 8, 1938
I last saw h... alive on June 8, 1938. Death is said to have occurred on the date stated above, at 10:1 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	6-7-38

Other contributory causes of importance:
Osteoporosis

Name of operation none 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?
If so, specify
(Signed) Jim R Pallison M. D.
(Address) Warrensburg Mo

291