REG'D APR 20 1939

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

Do not use this space.

11844

File No. ~~84~~

Registered No. 85

1. PLACE OF DEATH

County: Pettis

Township:

City: Sedalia

Registration District No. 668

Primary Registration District No. 3039

(No. Bothwell Hospital St. Ward)

2. FULL NAME John W. Lee

(a) Residence, No. 207 So. Washington 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11, 1857

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
81	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Missouri

FATHER

13. NAME Unkown

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

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT Mrs. W. C. Ellison
(ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Booneville, Mo. DATE March 3/39, 19

19. UNDERTAKER Gillespie Funeral Home 906
(ADDRESS) Sedalia, Mo.

20. FILED Mar 3, 1939 Mrs Harry Snell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from MARCH 1, 1939, to MARCH 3, 1939

I last saw him alive on MARCH 3, 1939. Death is said to have occurred on the date stated above, at 3:30 P. m.

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

Bronchial Pneumonia

31

Date of onset

Other contributory causes of importance:

Chronic myocarditis

Chronic nephritis

Name of operation Date of

What test confirmed diagnosis? 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) Gordon L. Kaufficher, M. D.

(Address) Sedalia 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.

NAMES OF FAMILY, WITH CHRONOLOGICAL INDEX—THIS IS A PERMANENT RECORD

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4/10/39