

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

Do not use this space.

36380

1. PLACE OF DEATH

48 County Jackson Registration District No. 398
Township Blue Primary Registration District No. 5537
City Kansas City, Mo. St. _____ Ward _____

File No. _____
Registered No. 379

2. FULL NAME

James Alvin Gee
(a) Residence No. 8833 Winthrop St., Road Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 7 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 Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27-33
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 29

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. 4
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) Kansas City, Mo.

13. NAME Herschel A. Gee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rich Hill, Mo.

15. MAIDEN NAME Lucille Traylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huntsville, Mo.

17. INFORMANT Mrs. W. A. Gee
(ADDRESS) 8833 Winthrop Rd. K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL Washburn
PLACE Washburn DATE 11-27-33

19. UNDERTAKER Carson Funeral Home
(ADDRESS) 2700 W. 12th St. K.C. Mo.

20. FILED Nov. 27, 1933 Dr. F. L. Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-26-33

22. I HEREBY CERTIFY that I attended deceased from Nov 21 1933 to Nov 26 1933

I last saw him alive on Nov 26-33, 1933. Death is said

to have occurred on the date stated above, at 1:05 a.m.

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

Broncho pneumonia - 3 days
1076
1946
1076

Other contributory causes of importance:

Exposure

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury _____, 1933

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) W. A. Martin, M. D.

(Address) 6700 Harrison Rd.

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

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 important.

