SEP 20 1934

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

Do not use this space.

File No. 29315

Registered No. 3852

1. PLACE OF DEATH
County Jackson — Registration District No. 1003
Township — Primary Registration District No.
City Kansas City (No. 2915 Rochester St. 3852 Ward)

2. FULL NAME Hardy F. Lee
(a) Residence, No. 2915 Rochester 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 10-1862

7. AGE: Years 72 | Months 8 | Days 29 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Keeper.
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): Platte County Mo.

FATHER
13. NAME: J. Kempsey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

MOTHER
15. MAIDEN NAME: Bledsoe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): Agnes Farley 2915 Rochester

18. BURIAL, CREMATION, OR REMOVAL: Woodlawn Cem. DATE Aug 9 1934

19. UNDERTAKER (ADDRESS): Rosco Baldwin

20. FILED 8-10 1934 M. M. Crowe Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-9- 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-1- 1934, to 8-9- 1934
I last saw him alive on 8-9- 1934. Death is said to have occurred on the date stated above, at 1 20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Congestion	8-9-34
100	
111B	
Other contributory causes of importance:	
Lobar Pneumonia	8-1-34

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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 ....., 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) Earl Van Gorner, M. D.
(Address) 2916 Summit

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.