CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 29 1936

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

Do not use this space.
31101

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 3901
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. 4005 Genessee St. Ward)

2. FULL NAME William Dee
(a) Residence, No. 4005 Genessee 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): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary E. Dee
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 1, 1881
7. AGE: YEARS 55 — MONTHS 3 — DAYS 20 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: K C Public Service
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): Ireland

FATHER
13. NAME: William Dee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Ellen Bryne
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Mrs. Mary Dee 4005 Genessee
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt St. Mary's DATE: 8-24-1936
19. UNDERTAKER (ADDRESS): J. F. O'Donnell Co K.C. Mo.
20. FILED: 8/23 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-21-1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1936 to Aug 21, 1936
I last saw him alive on Aug 20, 1936. Death is said to have occurred on the date stated above, at 5:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency of the heart (acute)	
P2A	

Other contributory causes of importance:

Name of operation: none — Date of: no
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? no — 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) B Frank Watson, M. D.
(Address) 2401 Prospect K.C. Mo.

Dr. R. [illegible]
7 d 01 Prospect
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