

2035 JUL 13 1939

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

22432
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 424
(b) Township Blue River Primary Registration District No. 5579
(c) City or (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

James Lawson Lee

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 4, 1874
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 7 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as 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) Morse Hill, 0
(STATE OR COUNTRY) Mo.

FATHER 13. NAME Edward Lee 0
14. BIRTHPLACE (CITY OR TOWN) 0
(STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Matilda Wilson
16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Mo.

17. INFORMANT Elbert Lee
(ADDRESS) Grubville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethlehem DATE June May 31,

19. FUNERAL DIRECTOR (NAME) Casey & Lenox
(ADDRESS) St. Clair, Mo.

20. FILED 679 19 34 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 19 39

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1939, to May 29, 1939
I last saw him alive on May 28, 1939 Death is said to have occurred on the date stated above, at 3:30a m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage 5/26/39
12/1
Other contributory causes of importance: Chronic Nephritis
& Obs. Phlebotomy

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, 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? h
If so, specify
(Signed) W. J. [Signature] M. D.
Dr. [Signature]
385 (Address)

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

I X 1605

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 424
(b) Township Big River Primary Registration District No. 3579
(c) City no (d) Street No. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 129

2. PRINT FULL NAME

(a) Residence, No. _____ St. _____
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie Lee
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-4-1874
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
64 7 25
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 1939
22. I HEREBY CERTIFY, That I attended deceased from May 1 1939 to May 29 1939
I last saw him alive on May 28 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:
cerebral hemorrhage Date of onset 4/26/39
Other contributory causes of importance:
chronic nephritis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no
13. NAME Eduard Lee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no
15. MAIDEN NAME Matilda Welton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no
17. INFORMANT (ADDRESS) Albert Lee
Grandville, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Bethlehem DATE May 31 1939
19. FUNERAL DIRECTOR (ADDRESS) Cassey Kenney
St Clair
20. FILED Aug 5 1939 J. H. Estor
Local Registrar.

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 _____, 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) W. H. Duckworth, M. D.
(Address) St Clair

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-22432