

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

Do not use this space.

22897

1. PLACE OF DEATH

County Andrew
 Township Andrew
 City Mexico (No. St. Ward)

Registration District No.
 Primary Registration District No.

File No.
 Registered No. 109

2. FULL NAMEEdward Lewis Lee

(a) Residence. No. St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male | White | Single

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

Married

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

April-15-1880

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

4833**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Horse Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Mexico

(STATE OR COUNTRY)

10. NAME OF FATHER

Wm H H Lee

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Penn

12. MAIDEN NAME OF MOTHER

Haney Hubble

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ref

14. INFORMANT

(Address)

Geo Lee
Mexico

15. FILED

July 20th 28Ina S Milligan

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

7-18-1928

17.

HEREBY CERTIFY That I attended deceased from 6-28-1928 to 7-18-1928, 1928 that I last saw him alive on 7-18-28, 1928, and that death occurred, on the date stated above, at 19 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

82A Cerebral Hemorrhage
94

CONTRIBUTOR (SECONDARY)

Arterial sclerosis

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH. DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

J H Hammar, M. D.

(Address)

Mexico mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Mexico mo Cam7-20 1928

20. UNDERTAKER

ADDRESS

H A Pechtman Mexico mo

12

13

14

15

16

17

18

19

20

21

22