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

Do not use this space.

1585

File No. .....

Registered No. 5

54

1. PLACE OF DEATH

County Lafayette Registration District No. 460

Township David Primary Registration District No. 56246

City ..... (No. ..... St. ..... Ward)

2. FULL NAME John William Lee

(a) Residence, No. ..... 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.

MAR 23 1932

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.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 6 / 1931

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	4	6	

OCCUPATION

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. .....

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) Hardin Missouri

FATHER

13. NAME Arthur Lewis Lee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrollton Missouri

MOTHER

15. MAIDEN NAME Essa Dale Lewis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Co. Missouri

17. INFORMANT (ADDRESS) Arthur Lewis Lee Lexington Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Higginsville Mo. DATE Jan 13, 1932

19. UNDERTAKER (ADDRESS) [illegible] Higginsville Mo.

20. FILED 3-8 / 1932 G. H. Freeendall Auth. Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1931, to Jan 12th 1932

I last saw him alive on Dec 29th 1931. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

	Date of onset
Hydrocephalus	
157A	

Other contributory causes of importance: 15 Mo

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) G. H. Freeendall, M. D.

(Address) Lexington Mo.