

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

Do not use this space.

8223

1. PLACE OF DEATH

45 County Howards
Township Boonslick
City (No. _____)

Registration District No. 377
Primary Registration District No. 55-25

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Hugh L. Lee

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-19-1858</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>7</u>
	DAYS <u>1</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>	
	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 _____	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sturdeville Ohio</u>	
	13. NAME <u>Hugh Lee</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>	
	15. MAIDEN NAME _____	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. K. Kneer</u>	
17. INFORMANT <u>Hillie Watts</u> (ADDRESS) <u>Franklin, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>black chapel</u> DATE <u>3/22/32</u>		
19. UNDERTAKER <u>L. J. Dungan</u> (ADDRESS) <u>New Franklin, Mo.</u>		
20. FILED <u>3-21</u> 19 <u>32</u> <u>J. P. Furr</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) mar 20 1932

22. I HEREBY CERTIFY, That I attended deceased from mar 4, 1932, to mar 20, 1932

I last saw h. alive on mar 16, 1932 Death is said to have occurred on the date stated above, at 4:58 p.m.

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

Other contributory causes of importance:
plebitis
influenza

Date of onset mar 1-32
mar 10-32

Name of operation none Date of _____

What test confirmed diagnosis? none Was there an autopsy? no

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? no
If so, specify _____
(Signed) L. J. Chamberlain, M. D.
(Address) New Franklin, Mo.

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

APR 26 1932

