

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

Do not use this space.

5075

1. PLACE OF DEATH

2 County Black Registration District No. 190
1 Township _____ Primary Registration District No. 4113
6 City Kahoka (No. _____)

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

2. FULL NAME

John Franklin 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 9, 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 4 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) Ohio

MOTHER FATHER 13. NAME John Franklin Lee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Susane Weise

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) John Lee, La Grange Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Peaksville Cem DATE Feb 12, 1933

19. UNDERTAKER (ADDRESS) Frank Thale, Kahoka Mo.

20. FILED 7/17, 1933 J. B. Bridger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1933, to Feb 10, 1933

I last saw h. Feb 10, 1933, alive on Feb 10, 1933. Death is said to have occurred on the date stated above, at 12.15 P.M.

The principal cause of death and related causes of importance were as follows:
Chronic Hypertension Date of onset _____

950930

Other contributory causes of importance: _____

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 _____, 1933

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) R. Briggs, M. D.
(Address) Kahoka Mo.

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.

