

Version
 MAR 30 1933
 4
 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.

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

Do not use this space.

6520

1. PLACE OF DEATH

County Mississippi
 Township Charleston
 City Charleston

Registration District No. 576
 Primary Registration District No. 3030

File No. _____
 Registered No. 25
 St. _____ Ward _____

2. FULL NAME

William Goodin Lee

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

Length of residence in city or town where death occurred 67 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 12, 1858
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. 74 3 16

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farming
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott County Mo.

10. NAME OF FATHER Leonard Lee
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ky.
 12. MAIDEN NAME OF MOTHER Louise Rodman
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ky.

14. INFORMANT Thing-Belle Lee
 (Address) Charleston Mo.

15. July 28th 1933 P. S. Vernon
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

5:25 P.M.

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-28 1933
 17. I HEREBY CERTIFY, That I attended deceased from July 29 1933 to July 28 1933
 that I last saw him alive on July 26 1933, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Insufficiency
as result of Influenza
11 B
 (duration) yrs. mos. ds. _____
 CONTRIBUTORY Influenza
 (SECONDARY) (duration) yrs. mos. ds. _____

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS Clinical Symptoms
 (Signed) Frank S. Vernon M. D.
 , 19 (Address) Charleston 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 Oak Grove Cemetery DATE OF BURIAL 3-1 1933

20. UNDERTAKER Louis Hud C. Jones ADDRESS Charleston Mo.

