

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

Do not use this space.

10133

29

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

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6  
4  
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1. PLACE OF DEATH  
County... Lafayette Registration District No. 461  
Township... Lexington Primary Registration District No. 3024  
City... \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Arthur Lewis 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.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 18, 1933

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
		<u>1</u>	<u>20</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

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) Lexington Mo  
(STATE OR COUNTRY)

FATHER

13. NAME Arthur Lewis Lee Sr.

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

MOTHER

15. MAIDEN NAME Essie Davis

16. BIRTHPLACE (CITY OR TOWN) Lincoln Mo  
(STATE OR COUNTRY)

17. INFORMANT Arthur L. Lee Sr.  
(ADDRESS) Lexington Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Highwayville DATE Mar. 17, 1933

19. UNDERTAKER A. J. Hadley  
(ADDRESS) Highwayville Mo

20. FILED Mar 16 1933 W. H. Inducedell  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 12, 1933, to Mar 15, 1933  
I last saw him alive on Mar 15, 1933. Death is said to have occurred on the date stated above, at 3:15 P.M.  
The principal cause of death and related causes of importance were as follows:

Robert pneumonia  
108 108

Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? 26

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) W. H. Inducedell, M. D.  
(Address) Lexington, 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.

