

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.

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

Do not use this space.

25961

**1. PLACE OF DEATH**

24 County Clay  
Township Leath  
City (No. ....) St. .... Ward)

Registration District No. 201  
Primary Registration District No. 5280

File No. 83  
Registered No. ....

**2. FULL NAME**

Thomas Henry Lee

(a) Residence, No. .... St. .... Ward. (If nonresident, give city or town and State)  
(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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah Dale</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-18-1862</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>7</u>	DAYS <u>22</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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Davis Co. Mo.</u>		
FATHER	13. NAME <u>John Lee</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
MOTHER	15. MAIDEN NAME <u>Rhoda Beckett</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT (ADDRESS) <u>John Lee Liberty Mo. R.F.D.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Providence</u> DATE <u>Aug. 13, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>McComas Undertaking Co. Smithville, Mo.</u>		
20. FILED <u>8/14/33</u> <u>ET Brant</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

1. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-11, 1933

2. I HEREBY CERTIFY, That I attended deceased from June 9, 1933, to 8-11, 1933  
I last saw him alive on 8-11, 1933 Death is said to have occurred on the date stated above, at 7:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
98A  
Mitral Regurgitation?  
Other contributory causes of importance: 92A

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? NO  
If so, specify: Buxton Malby, M. D.  
(Signed) Liberty Mo.  
(Address) .....

26 1933

