

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.

OCT 20 1933
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MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

30257

1. PLACE OF DEATH

64 County Marion
Township Massy
City Kennett (No. 109, D. Fallon)

Registration District No. 547
Primary Registration District No. 3019

File No. _____
Registered No. 285 St. 4 (Ward)

2. FULL NAME

John Thomas Lee

(a) Residence, No. 109 D. Fallon St. 4 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

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 <u>May Elizabeth White Lee</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 29 - 1860</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>3</u>	DAYS <u>25</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		11. Total time (years) spent in this occupation
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)		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 24 - 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:15 A.M.

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

Acute cholelithiasis Date of onset

Other contributory causes of importance: 1999

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Kentucky

13. NAME
Walt Rhee

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

15. MAIDEN NAME
" "

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

17. INFORMANT
G. W. Long
(ADDRESS) Kennett Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Home MO DATE 9-24-1933

19. UNDERTAKER
Ray P. Belmont
(ADDRESS) Kennett Mo.

20. FILED Sept 25 1933 Registrar R. T. Scholtz

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 Sept 24, 1933

Where did injury occur? Kennett, Marion Co., Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Home

Manner of injury died suddenly without
Nature of injury medical attention

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Cecil E. Humphreys M. D.
(Address) Kennett, Mo.

Marion Co., MO.

