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.

JUN 6 1936

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

Do not use this space. 26801-84 164

1. PLACE OF DEATH
County Jefferson — Registration District No. 420 — File No.
Township Maple — Primary Registration District No. 3022 — Registered No.
City DeSoto (No. , St. Ward)

2. FULL NAME Peter Lee
(a) Residence, No. 809 N. 2nd St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 1 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florence May Lee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31 1860

7. AGE: YEARS 75 — MONTHS 5 — DAYS 0 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret 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 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co. Mo.

FATHER
13. NAME John Lee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Ireland

MOTHER
15. MAIDEN NAME Martha Herrod
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. N. Carolina

17. INFORMANT (ADDRESS) Joe Gannon

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gowan Cem DATE Sept 3, 1935

19. UNDERTAKER (ADDRESS) Donnell B. Deetrick

20. FILED 9-31, 1935 H W Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1925, 19, to 9-31, 1935
I last saw him alive on Aug 24, 1935. Death is said to have occurred on the date stated above, at 8 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Pulmonary Tuberculosis	

Other contributory causes of importance: 73

Name of operation Physical Date of Trio
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?
If so, specify
(Signed) Chas E. Tallet, M. D.
(Address) DeSoto Mo