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.

JAN 31 1936

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

Do not use this space.

40424

1. PLACE OF DEATH
County New Madrid
Township
City New Madrid (No. , St. Ward)

Registration District No. 604
Primary Registration District No. 4358

File No.
Registered No.

72
7

2. FULL NAME James E. 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Issie Hawes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 9 - 1869

7. AGE: Years 66, Months 5, Days 11. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
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): New Madrid Mo

FATHER
13. NAME: Albert Lee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Madrid County, Mo

MOTHER
15. MAIDEN NAME: Rachel Byrd
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Point~~ Point, Byrd Mo

17. INFORMANT (ADDRESS): R. E. Lee New Madrid

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Madrid DATE Dec 22 1935

19. UNDERTAKER (ADDRESS): Richards Und Co. New Madrid, Mo

20. FILED 12/23 1935 Wm O'Bannon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1934, to Dec 20, 1935

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 9 P.m.

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

	Date of onset
Cardiac Failure	
From Metril Valve Lesion	

Other contributory causes of importance:

920

Name of operation Date of
What test confirmed diagnosis? N.r 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 , 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. L. Diggs, M. D.
(Address) New Madrid, Mo

M.W.