MAR 23 1937

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

Do not use this space.

7444

1. PLACE OF DEATH

County: Newton — Registration District No. 615

Township: #26 — Primary Registration District No. 5817

City: ____ (No. Route 2, Diamond St. ____ Ward)

File No. ____

Registered No. 5

2. FULL NAME Bert F. Lee

(a) Residence, No. Route 2, Diamond St., ____ Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pearl Shelley Lee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 3, 1877

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
59	5	7	

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Diamond, Missouri

FATHER

13. NAME Daniel Lee

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

MOTHER

15. MAIDEN NAME Jennie Daugherty

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

17. INFORMANT Mrs. Pearl Lee
(ADDRESS) Route 2, Diamond

18. BURIAL, CREMATION, OR REMOVAL
PLACE Diamond Cemetery DATE Feb. 11, 1937

19. UNDERTAKER Ulmer Funeral Home
(ADDRESS) Carthage, Missouri

20. FILED Feb 11, 1937 Mrs. U. D. Chapman, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1937, to Feb 10, 1937

I last saw him alive on Feb 9, 1937. Death is said to have occurred on the date stated above, at 1:40am

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

	Date of onset
Influenza	

Other contributory causes of importance:

Name of operation None Date of ____

What test confirmed diagnosis? No 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? No

If so, specify ____

(Signed) R. F. Cheatham, M. D.

(Address) Diamond, 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.