MAY 20 1937

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

Do not use this space.

File No. 16167

Registered No. 172

Registration District No. 297

Primary Registration District No. 5323

1. PLACE OF DEATH

County: Dade

Township: Center

City: Greenfield Mo. (No. ..... St. ..... Ward)

2. FULL NAME: Herbert William 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~: Nora Cantrell Lee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 2 - 1861

7. AGE: Years 76 | Months 2 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

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): Eagle Harbor N. Y.

FATHER

13. NAME: John Lee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): London England

MOTHER

15. MAIDEN NAME: Susan Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England.

17. INFORMANT (ADDRESS): Bessie Ruggles Greenfield Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Greenfield. DATE: May 11 1937

19. UNDERTAKER (ADDRESS): G. W. Ward Greenfield Mo.

20. FILED: 5-15 1937 Geo. L. Weir Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1937, to May 8, 1937.

I last saw him alive on May 7, 1937. Death is said to have occurred on the date stated above, at 2 A.M.

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

	Date of onset
Apoplexy	

Other contributory causes of importance:

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?

If so, specify

(Signed) H. O. Cowan, M. D.

(Address) Greenfield Mo.