

FILED MAR 7-1940

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

7313

Do not use this space.

1. PLACE OF DEATH
- (a) County Macon Registration District No. 526
- (b) Township Lyda Primary Registration District No. 5700
- (c) City Atlanta Mo (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
- (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Chas Wesley Lee
- (a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Abbie Lee
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 24 1869
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
- | | | | |
|----|---|----|--|
| 70 | 3 | 26 | |
|----|---|----|--|
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 2-20-40 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bethany Ill.
- FATHER
13. NAME Collins Lee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.
- MOTHER
15. MAIDEN NAME Sarah Hill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.
17. INFORMANT Mrs C. W. Lee
(ADDRESS) Atlanta Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Labor DATE 2-23 1940
19. FUNERAL DIRECTOR (NAME) Embroiding
(ADDRESS) Atlanta Mo.
20. FILED 2/22 1940 Ruth McNeely Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-20-1940

I HEREBY CERTIFY That I attended deceased from

Feb 13 1940 to Feb 20 1940I last saw him alive on Feb 13 1940. Death is saidto have occurred on the date stated above, at 1. P. M.

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

Cerebrovascular

Date of onset

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) G. B. Lyda, M. D.(Address) Atlanta Missouri

RECEIVED

District Health Officer No. 10

District File Number 3-40-469

Date Filed MAR 5 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

H.M. Gooding, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed H.M. Gooding

Licensed Embalmer No. 1750

P. O. Address Atlanta Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.