

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

**1. PLACE OF DEATH**

County Bates.  
Township Walnut.  
City Hume. Mo. (No. 009)

Registration District No. 56  
Primary Registration District No. 5087

File No. 10113

Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward)

**2. FULL NAME** William Edward Lee.

(a) Residence, No. Hume Mo 1270 S.O. Ward. \_\_\_\_\_

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 15 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) Single.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28 1925.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
15 0 9

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

13. NAME Roscoe Lee.

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

15. MAIDEN NAME Madge Foster.

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

17. INFORMANT (ADDRESS) Hume. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Independence Cemetery Mar 9. 40

19. UNDERTAKER (ADDRESS) R. W. McConnell & Son.

20. FILED 1/6 1940 The Attorney Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7 40

22. I HEREBY CERTIFY, That I attended deceased from Jan 1940, 1940, to Feb 7, 1940  
I last saw him alive on Feb 7, 1940 Death is as:

to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:

Myocarditis  
Rheumatism  
Other contributory causes of importance: 93 C

Date of onset  
1939  
1936

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Chin. Lab. Where 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) Wm. J. Allen, M. D.  
(Address) Hume

RECEIVED

District Health Officer No. 7

District File Number 4-10-556

Date Filed 4-8-40