

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

14909
Do not use this space.

FILED MAY 13 1940

1. PLACE OF DEATH

(a) County Greene Registration District No. 318
 (b) Township 0 Primary Registration District No. 2001 Registered No. 370
 (c) City Springfield (d) Street No. St. Johns Hospital 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Jesse Wilks Lee

(a) Residence, No. Republic, Mo (If nonresident, give city or town and State)

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 Gertrude Smith Lee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 13, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 6 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Groceryman
 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)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Webster County, Mo
 (STATE OR COUNTRY) Missouri

13. NAME (Unknown) Lee

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

15. MAIDEN NAME Iva S. Lee

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

17. INFORMANT Doris N. Lee
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Evergreen, Republic, Mo DATE April 18, 1940

19. FUNERAL DIRECTOR (NAME) J. E. Thurman & Co.
 (ADDRESS) Republic, Mo

20. FILED 4-17 19 40 W. E. Handley
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/17, 19 40

22. I HEREBY CERTIFY, That I attended deceased from 4/16, 1940, to 4/17, 1940
 I last saw him alive on 4/17 at 12:30 m. Death is said to have occurred on the date stated above, at 12:30 m.
 The principal cause of death and related causes of importance were as follows:

Intra cranial Hemorrhage 4/17/40
(Subarachnoid, spontaneous, hemorrhage)

Other contributory causes of importance:
Hypertension
Chl. Nephritis

Name of operation Date of
 What test confirmed diagnosis? 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 Yes
 (Signed) Jay D. Callaway, M. D.
 (Address) Springfield, 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.

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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.

X