

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

28088

## 1. PLACE OF DEATH

County WendenburgVot. Prec. Hillsides

Ina. Town \_\_\_\_\_

City \_\_\_\_\_

Registration District No. 1087Primary Registration District No. 2435

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Anna Rae Lee(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

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 <u>F</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH		
7. AGE	Years	Months
<u>10</u>	<u>4</u>	<u>14</u>
8. Trade, profession, or particular kind of work done, as spinner, sewer, bookkeeper, etc.		
<u>None</u>		
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE Wendenburg County13. NAME James E. Lee14. BIRTHPLACE McClain County15. MAIDEN NAME Russell McCallister16. BIRTHPLACE Crittenden County17. INFORMANT Estel West(Address) Central City, Ky. R#4

18. BURIAL, CREMATION, OR REMOVAL

Place Niles B. H. Date Oct 29, 193519. UNDERTAKER M. B. McConrad & Co(Address) Kennettville, Ky.20. FILED 10/29 1935 W. L. Handford

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct 28, 193522. HEREBY CERTIFY, That I attended deceased from  
Oct 27, 1935 to Oct 28, 1935I last saw her alive on Oct 28, 1935, death is said  
to have occurred on the date stated above, at 3:30 p.m.  
The principal cause of death and related causes of importance  
in order of onset were as follows:Tetanus Date of onset

QUERIED NO REPLY.

Contributory causes of importance not related to  
principal cause:

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 \_\_\_\_\_ 1935

Where and 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) B. G. Argabrite, M. D.(Address) Greenville, Ky.

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MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied and stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCASION is very important. See instructions on back of certificate.