

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

Form V. S. 1-A

DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. **5310**

Registrar's No. _____

Registration District No. **1085** Primary Registration District No. **7471**

1. PLACE OF DEATH:

(a) County **Muhlenberg**

(b) City or town **Wasserman Ky**
(If outside city or town limits, write RURAL)

(c) Name of hospital or institution: _____
(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Muhle**

(c) City or town **Wasserman**
(If outside city or town limits write RURAL)

(d) Street No. _____ (If rural give precinct)

(e) If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME **Charles Martin Lee**

3(b) If veteran, _____ 3(c) Social Security _____

Name war _____ No. _____

4. Sex **Male** 5. Color **White** 6(a) Single, widowed, married, divorced **W.**

6(b) Name of husband or wife _____

6(c) Age of husband or wife if all _____ years

7. Birth date of deceased **1866 - Sept 27**
(Month) (Day) (Year)

8. AGE: **77** years **4** months **15** days If less than one day _____ hr. _____ min.

9. Birthplace **Bathel Co. Ky**

10. Usual occupation **Retired Merchant**

11. Industry or business _____

FATHER

12. Name **Calvin Lee**

13. Birthplace **Ky**

MOTHER

14. Maiden name **Unknown**

15. Birthplace **Ky**

16(a) Informant's own signature **Ray Lee**

(b) Address **Wasserman, Ky**

17. BURIAL OR CREMATION, OR REMOVAL
Smith Bathel Co. Ky Date **2-14** 19**44**

18(a) Signature of informant **Wasserman, Ky**

(b) Address **Central City, Ky**

19(a) **2-19-1944** (Date received by local registrar)

(b) **Wasserman, Ky** (Registrar's signature)

20. DATE OF DEATH **Feb 12** 19**44**

21. I hereby certify that I attended the deceased from **Feb 9** 19**44** to **Feb 12** 19**44**, that I last saw **her** alive on **Feb 12** 19**44**, and that death occurred on the date stated above at **2:30 P.** M.

Immediate cause of death **Coronary Occlusion**

Due to **no Curar Insane**

Other conditions: _____ (Include pregnancy within 3 months of death)

Major findings: **94 A**

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? In or about home, on farm, in industrial place in public place? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature **J. H. Hays**

(b) Address **Central City, Ky**

24. **2-13-44** Date signed