

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY Muhlenberg		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Ky. b. COUNTY Muhlenberg	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R-3, Greenville, Ky.		c. LENGTH OF STAY (in this place) OR TOWN Greenville, Ky.	IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		d. STREET ADDRESS Route # 3	IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or Print) a. (First) Chisteene b. (Middle) Lafayette c. (Last) Lee	4. DATE OF DEATH (Month) (Day) (Year) May 13, 1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 2, 1893	9. AGE (In years last birthday) 64	If Under 1 Year: Months Days	If Under 64 Hrs. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Muhlenberg County, Ky.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME James Franklin Lee II	14. MOTHER'S MAIDEN NAME Nealy Lollis
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <i>345 X - 072 - 34</i>	17. INFORMANT <i>Meva Lee.</i>
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18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Multiple Sclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) *345 X - 072 - 34*

20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21b. TIME OF INJURY Hour _____, Month _____, Day _____, Year _____	21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21e. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____
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22. I hereby certify that I attended the deceased from *10-31, 1956 to May 13, 1957*, that I last saw the deceased alive on *May 13, 1957*, and that death occurred at *2:15 P.M.*, from the causes and on the date stated above.

23a. DATE SIGNED <i>May 16, 1957</i>	23b. ADDRESS <i>Greenville, Ky.</i>	23c. SIGNATURE (Deceased or title) <i>Kyle H Woodson M.D.</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>May 15, 1957</i>	24c. NAME OF CEMETERY OR INTERMENT <i>Friendship Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Muhlenberg County, Ky.</i>
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25a. DATE REC'D BY <i>5-17-57</i> VITAL REG.	25b. REGISTRAR'S SIGNATURE <i>Margaret Hodge</i>	26. FUNERAL DIRECTOR <i>Gary's Funeral Home--Greenville, Ky.</i> ADDRESS _____
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MEDICAL CERTIFICATION