

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Muhlenberg

Vot. Pct. ....

Inc. Town Greenville

City .....

Registration District No. 1093Primary Registration District No. 2434

(No. ....)

St., .....

File No. ....

Registered No. 12050

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

2 FULL NAME J. F. Lee

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Married Married  
Widowed  
or Divorced  
(Write the word)6 DATE OF BIRTH Aug 12-1843  
(Month) (Day) (Year)7 AGE 79 yrs. 8 mos. 18 ds.  
If less than day or month8 OCCUPATION  
(a) Trade, profession or particular kind of work. Farming  
(b) General nature of industry, business or establishment in which employed (or employer) .....9 BIRTHPLACE (State or country) Muhlenberg Co. Ky10 NAME OF FATHER Stanford Lee11 BIRTHPLACE OF FATHER (State or country) W. Va.12 MAIDEN NAME OF MOTHER Nancy Miller13 BIRTHPLACE OF MOTHER (State or country) Dart Snow

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Christine Lee(Address) Greenville Ky15 Filed May 1, 1933 W. C. Wickliffe Registrar  
Murree W

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 30, 1923  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Apr 30, 1923, to Apr 30, 1923,that I last saw him alive on Apr 30, 1923, and that death occurred on the date stated above at 12:25 P.18 THE CAUSE OF DEATH was as follows:  
Lobar Pneumonia(Duration) ....., mos. 5 ds.

Contributory (Secondary) .....

(Duration) ....., yrs. ....., mos. ....., ds.

(Signed) Samuel W. ... M. D.5/3, 1923 (Address) Greenville Ky

(State the disease causing death, or, in deaths from violent causes, state the means of injury; and (2) whether Accidental, Suicidal or Domestic.)

19 LENGTH OF RESIDENCE (in Hospitals, Institutions, Transients or Resort Residences)

at place of death ....., yrs. ....., mos. ....., ds. In the

Where was disease contracted, State ....., yrs. ....., mos. ....., ds.

if not at place of death? .....

Former or usual residence .....

20 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Friendship Bldg May 1, 1923

21 UNDERTAKER

ADDRESS

McDonald & Abbott Greenville