

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

State File No.

Registrar's No.

24706

326

CERTIFICATE OF DEATH

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH:		2. USUAL RESIDENCE OF DECEASED:	
(a) County <u>Muhlenberg</u>	(a) State <u>Ky.</u>	(b) County <u>Muhlenberg</u>	
(b) City or town <u>Rural Depoy</u>	(c) City or town <u>Rural Depoy</u>	(If outside city or town limits, write RURAL)	
(c) Name of hospital or institution:	(d) Street No. <u>West Boggs</u>	(If rural give precinct)	
(If not in hospital or institution write street number or location)	(e) If foreign born, how long in U. S. A.?		
(d) Length of stay: In hospital or community _____	(years, months or days)		
3(a) FULL NAME <u>Minnie Laura Lee</u>			
3(b) If veteran, Name war _____		3(c) Social Security No. _____	
4. Sex <u>female</u>	5. Color or race <u>white</u>	6(a) Single, widowed, married, divorced <u>married</u>	
6(b) Name of husband or wife <u>Alex Lee</u>			
6(c) Age of husband or wife if alive <u>80</u> Years			
7. Birth date of deceased <u>Jan 7 1872</u>			
8. AGE: Years <u>76</u>	Months <u>10</u>	Days <u>14</u>	If less than one day hr. _____ min. _____
9. Birthplace <u>Muhlenberg, Ky</u>			
10. Usual occupation <u>Housekeeper</u>			
11. Industry or business _____			
FATHER	12. Name <u>Marion Brown</u>		
	13. Birthplace <u>Kentucky</u>		
MOTHER	14. Maiden name <u>Sarah Terry</u>		
	15. Birthplace <u>Kentucky</u>		
16(a) Informant's own signature <u>Henry Lee</u>			
(b) Address <u>Depoy Ky</u>			
17. BURIAL, CREMATION, OR REMOVAL			
Place <u>Friendship</u> Date <u>Nov 23, 1946</u>			
18(a) Signature of funeral director <u>J. Irvin Gray</u>			
(b) Address <u>Greenville, Ky.</u>			
19(a) <u>11-30-46</u>		(b) <u>Margrie Hodge</u>	
(Date received by local registrar)		(Registrar's signature)	
MEDICAL CERTIFICATION			
20. DATE OF DEATH <u>Nov. 23 1946</u>			
21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____, that I last saw him alive on _____ 19____, and that death occurred on the date stated above at <u>1:45 P. M.</u>			
Immediate cause of death <u>Senescence</u>			DURATION
Due to <u>Paralysis</u>			<u>4 days</u>
Other conditions _____ (Include pregnancy within 3 months of death)			
Major findings: _____			
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? _____ (Specify type of work)			
23. Signature <u>R. P. Galt</u> (M. D. or other)			
Address <u>Greenville Ky</u> Date signed <u>11-25-46</u>			