

**PLACE OF DEATH**  
 County Muhlenberg  
 Vol. Fol. East Cooper  
 Inc. Town.....  
 City..... (No. .... St.)..... Ward)

Registration District No. 871  
 Primary Registration Dist. No. 7132

File No. 28768  
 Registered No. 97  
If death occurred in a hospital or institution give its name instead of street and number.

**FULL NAME** Wash Lee

**PERSONAL AND STATISTICAL PARTICULARS**

**SEX** Male **COLOR OR RACE** White **SINGLE, MARRIED, WIDOWED, OR DIVORCED** widower  
(Write the word)

**DATE OF BIRTH** Nov 2 1880  
(Month) (Day) (Year)

**AGE** 42 yrs. 00 mos. 00 ds.  
If LESS than 1 day... hrs, or... min.?

**OCCUPATION**  
 (a) Trade, profession, or particular kind of work... Farming  
 (b) General nature of industry, business, or establishment in which employed (or employer).....

**BIRTHPLACE** (State or country) Muhlenberg

**10 NAME OF FATHER** W. S. Lee

**11 BIRTHPLACE OF FATHER** (State or country) Muhlenberg

**12 MAIDEN NAME OF MOTHER** Matha Koster

**13 BIRTHPLACE OF MOTHER** (State or country) Washington

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**  
 (Informant) Frank Long  
 (Address) Hillsdale

**15** Filed Nov 6, 1912 W. H. Brunsden  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16 DATE OF DEATH** Nov 6, 1912  
(Month) (Day) (Year)

**17 I HEREBY CERTIFY**, That I attended deceased from March 4, 1911, to Nov 5, 1912 that I last saw him alive on Nov 5, 1912 and that death occurred, on the date stated above, at.....M. The **CAUSE OF DEATH** was as follows:  
syphilis

(Duration)..... yrs. .... mos. .... ds.  
**Contributory** (Secondary)..... (Duration)..... yrs. .... mos. .... ds.  
 (Signed) T. P. Johnston, M. D.  
Nov 6, 1912 (Address) Groesville

**18 State the DISEASE CAUSING DEATH**, or in deaths from **VIOLENT CAUSES**, state (1) **MANNER OF INJURY**; and (2) whether **ACCIDENTAL, SUICIDAL OR HOMICIDAL**  
**(19) LENGTH OF RESIDENCE** (For Hospitals, Institutions, Transients or Recent Residents) In the place of death ..... yrs. .... mos. .... ds. State ..... yrs. .... mos. .... ds.  
 Where was disease contracted, if not at place of death? ..... Former or usual residence .....

**19 PLACE OF BURIAL OR REMOVAL** Private **DATE OF BURIAL** Nov 6, 1912  
**20 UNDERTAKER** Ed Roass **ADDRESS** Groesville