

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11359

Mar. 1st No. _____
Register No. _____

Baptistette District No. 50

Private Registration District No. 2027

O MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully completed. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I. PLACE OF DEATH: <u>Beth</u>		2. VITAL RESIDENCE OF DECEASED:	
(a) County <u>Bath</u>		(b) State _____	
(b) City or town _____		(c) City or town _____	
(c) Name of hospital or institution _____		(d) Street No. _____	
(d) Length of stay in hospital or community _____		(e) If foreign born, how long in U. S. A. _____	
3. (a) FULL NAME <u>Boone Lee</u>			
(b) If veteran, Name was _____		(d) Social Security No. _____	
(c) Sex <u>Male</u> Color <u>White</u> (e) Single, widowed, married, divorced _____		(f) Date of death <u>May 31</u> 1940	
(g) Name of husband or wife <u>Minnie Lee</u>		(h) Age of husband or wife if alive <u>47</u>	
(i) Birth date of deceased <u>November 9, 1888</u> (Month) (Day) (Year)		(j) Death certificate number <u>Prostate stamp</u>	
4. A.D.B.: <u>75</u> Months <u>6</u> Days <u>22</u> If less than one day _____		DURATION _____	
5. Birthplace <u>Kentucky</u>		Date of birth <u>5/8</u>	
6. Usual occupation <u>upholstery</u>		Other condition: (Include pregnancy within 3 months of death)	
7. Industry or business _____		Medical findings:	
MOTHER (a) Name <u>Boone Lee</u>		(b) Of operation _____	
(b) Birthplace <u>Kentucky</u>		(c) Of autopsy _____	
(c) Maiden name <u>Liza Patrick</u>		8. If death was due to external causes, fill in the following:	
(d) Birthplace <u>Kentucky</u>		(a) Accident, suicide, or homicide (Specify) _____	
9. Informant's own signature <u>Burns Fraley</u>		(b) Date of occurrence _____	
(b) Address <u>Beth Dick, Ky.</u>		(c) Where did injury occur in or about home, on farm, in industrial place or public place? _____	
10. BURIAL, Cremation, or Removal Place <u>Jones Cemetery</u> Date <u>June 2, 1940</u>		11. While at work? (Specify type of place) _____	
(b) Signature of funeral director <u>James H. Hanesman</u>		(d) Means of transport _____	
(b) Address <u>Beth Dick, Ky.</u>		12. Signature _____	
(c) Date received by local registrar <u>June 3, 1940</u> (d) Registrar's signature _____		Address <u>McGarry MD</u> (In, O, signed) _____	