

Registration District No. 50

Primary Registration District No. 4081

1. PLACE OF DEATH a. COUNTY <u>Bath</u>		2. USUAL RESIDENCE a. STATE <u>Ky</u> b. COUNTY <u>Kan</u> c. CITY OR TOWN <u>Marshall, Ky</u> d. STREET ADDRESS <u>103</u>	
b. CITY (If outside corporate limits, write RURAL and it's equivalent) <u>Dwightville</u>		c. LENGTH OF STAY (in this State) <u>103</u>	
3. NAME OF DECEASED (Type or Print) a. (Last) <u>Charles</u> b. (Middle) <u>Matthew</u> c. (First) <u>Lee</u>		4. DATE OF DEATH (Month) <u>March</u> (Day) <u>7</u> (Year) <u>1962</u>	
5. SEX <u>Male</u>		6. AGE (In years, months, days) <u>34</u>	
7. COLOR OR RACE <u>White</u>		8. DATE OF BIRTH <u>Oct 14 - 1925</u>	
9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Indicate) <u>Never Married</u>		10. AGE (In years, months, days) <u>34</u>	
10a. USUAL OCCUPATION (Give kind of work, show proper name of industry, trade, etc.) <u>Unemployed</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Ky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Bruce Lee</u>		14. MOTHER'S MAIDEN NAME <u>Minnie Corbett</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Rain Forest Lee</u>			
18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Exposure</u> <u>9328</u> CONDITIONS, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) <u>Exhaustion of a person living in a field</u> DUE TO (c) <u>Wearing a heavy coat</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
20. ACCIDENT <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		21a. CITY, TOWN, OR LOCATION <u>Bath County, Ky</u>	
21b. TIME OF DEATH Hour <u>11</u> Month <u>March</u> Day <u>7</u> Year <u>1962</u>		21c. PLACE OF BURY (a. g., in or about home, farm, factory, street, office bldg., etc.)	
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21e. CITY, TOWN, OR LOCATION <u>Bath County, Ky</u>	
22. I hereby certify that I attended the deceased from alive on <u>19</u> <u>12</u> , 19 <u>62</u> , and that death occurred at <u>11</u> <u>PM</u> , from the causes and on the date stated above.		23a. DATE SIGNED <u>March 9 - 1962</u>	
23b. ADDRESS <u>Dwightville, Ky</u>		23c. SIGNATURE <u>Ray Gregory Ruffin Carter</u>	
24a. DATE <u>March 9 - 1962</u>		24b. NAME OF CEMETERY OR CREMATORY <u>Johns Cemetery</u>	
24c. LOCATION <u>Bath County, Ky</u>		24d. LOCATION <u>Bath County, Ky</u>	
25a. DATE RECD BY <u>3-9-1962</u>		25b. REGISTRAR'S SIGNATURE <u>Debra K. Brooks</u>	
25c. REGISTRAR'S SIGNATURE <u>Richardson - Dwyer</u>		25d. REGISTRAR'S SIGNATURE <u>Richardson - Dwyer</u>	

MEDICAL CERTIFICATION

Carroll Hays

Debra K. Brooks