

County Bath Registration District No. 62
Vol. No. 4085 Primary Registration District No. _____
Ina. Town _____ St. _____ Ward _____
City _____ (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Robert Willard Lee
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS		
1 SEX <u>male</u>	4 COLOR OR RACE <u>white</u>	3 Single Married <u>single</u> Widowed or Divorced (Write the word)
5a If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>XXXX</u>		
6 DATE OF BIRTH <u>Sept. 5 1907</u> (Month) (Day) (Year)		
7 AGE <u>6 yrs. 3 mos. 4 ds.</u>		8 If less than 1 day _____ hrs or _____ min?
9 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work <u>None</u> (b) General nature of industry, business or establishment in which employed (or employer)		
10 BIRTHPLACE (city or town) <u>Bath Co., Ky.</u> (State or country)		
PARENTS	11 NAME OF FATHER <u>George William McClellan Lee</u>	
	12 BIRTHPLACE OF FATHER (city or town) <u>Manifield Co., Ky.</u> (State or country)	
	13 MAIDEN NAME OF MOTHER <u>Etzel Perry</u>	
	14 BIRTHPLACE OF MOTHER (city or town) <u>Logan Co., Ky.</u> (State or country)	

MEDICAL CERTIFICATE OF DEATH

11 DATE OF DEATH Dec. 6 1928 (Year)
(Month) (Day)

12 I HEREBY CERTIFY, That I attended deceased
from Nov. 17/28, 19____, to Dec. 6/28, 19____,
that I last saw him alive on Dec. 6/28, 19____,
and that death occurred on the date stated above at 11 P.M.
The CAUSE OF DEATH* was as follows:
Pneumonia

(Duration) _____ yrs. _____ mos. _____ ds.
Contributory Constitution of Lungs
(Secondary)
(Duration) _____ yrs. _____ mos. _____ ds.

13 WHERE WAS DISEASE CONTRACTED
If not at place of death? XXXX
Did an operation precede death? No Date of _____
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) D. C. Jones M. D.
Dec. 7/28, 19 (Address) Salt Lick, Ky.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

14 (Informant) Chell Lee
(Address) Salt Lick, Ky.
15 Dec 7 1928 Mr. D. C. Jones
Registrar

16 PLACE OF BURIAL OR REMOVAL Jones Cemetery DATE OF BURIAL 12/7 1928
17 UNDERTAKER None ADDRESS _____

RECORDS MAINTAINED FROM RECORDS
WRITES PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be correctly supplied. AGE should be EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.