

OCT 2 1928

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

16879-a

1. PLACE OF DEATH

County Henry  
Tewaship Stanton  
City Hudson (No. 14)

Registration District No. 14  
Primary Registration District No. 4211

File No. \_\_\_\_\_  
Registered No. 34  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence No. Joshua C. Lazouby St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident give city or town and State)

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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10/17/1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
66 7 11

8. OCCUPATION OF DECEASED Coal Miner  
(a) Trade, profession, or particular kind of work Miner prospect  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Calanton Ind.  
(STATE OR COUNTRY)

10. NAME OF FATHER John Lazouby

11. BIRTHPLACE OF FATHER (CITY OR TOWN) England  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Bennett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Calanton  
(STATE OR COUNTRY) Indiana

14. INFORMANT Mrs. J. W. McEntire  
(Address) Hudson Mo

Filed May 28 1928 T. D. Jennings REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 28 1928

17. I HEREBY CERTIFY That I attended deceased from May 23 1928 to May 28 1928 that I last saw him alive on May 28 1928 and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Hemorrhage  
82A  
02-17-1928  
CONTRIBUTORY (SECONDARY) Hypertension

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) J. A. Blackmore M. D.  
5-28, 1928 (Address) Windsor, Mo.

\*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hudson Mo DATE OF BURIAL May 30 1928

20. UNDERTAKER J. B. Hatten ADDRESS Hudson Mo

N.B.—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.

