WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

54
1
MAR 26 1929

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

Do not use this space.

X 11520

1. PLACE OF DEATH

County Marion — Registration District No. 547 — File No.

Township Mason — Primary Registration District No. 3029 — Registered No. 85

City Hannibal (No. 315 North St St. Ward)

2. FULL NAME Ida May Lake

(a) Residence. No. 315 North St 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 17 - 1876

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
52	6	8	

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

9. BIRTHPLACE (CITY OR TOWN) Louisiana
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Ida T. Lake

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

12. MAIDEN NAME OF MOTHER Maggie Rhea

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Louisiana
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. I. T. Lake
(Address) Hannibal Mo.

15. FILED 3/27, 1929 C. E. Strode
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 25 1929

17. I HEREBY CERTIFY, That I attended deceased from Mch-1, 1929, to Mch-25, 1929 that I last saw her alive on Mch 24, 1929, and that death occurred, on the date stated above, at 4:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
23A
92B
132A (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Endocarditis & nephritis
(duration) yrs. 25 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. F. Bonn M. D.

3/26, 1929 (Address) Hannibal 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	DATE OF BURIAL
Louisiana Mo	Mar. 28 1929
20. UNDERTAKER	ADDRESS
Mrs M. Smith	Hannibal Mo.