27 1929

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

Do not use this space.

File No. 15201
Registered No. 27

1. PLACE OF DEATH
County Lafayette
Township Davis
City Higginsville (No. ..... St. ..... Ward)
Registration District No. 460
Primary Registration District No. 4274

2. FULL NAME Louis H. Lake
(a) Residence. No. ..... St., 1st Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 38 yrs. 1 mos. 16 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 25th 1867

7. AGE: Years 61 | Months 11 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) Secretary & Treasurer
(c) Name of employer J. M. Lake's Sons Merc. Co.

9. BIRTHPLACE (CITY OR TOWN) Rectortown
(STATE OR COUNTRY) Fauquier Co. Va.

PARENTS
10. NAME OF FATHER Thomas M. Lake
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Rectortown
(STATE OR COUNTRY) Fauquier Co. Va
12. MAIDEN NAME OF MOTHER Almira H. Harding
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Falmouth
(STATE OR COUNTRY) Stafford Co. Va

14. INFORMANT Lytton L. Lake
(Address) Higginsville, Mo

15. FILED 4-20, 1929 Dessie P. Nes
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 17 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19..... that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Suicide
(duration) — yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Mental Condition
(duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? — DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Shotwound
(Signed) Edmund Lissack, M. D
4/17/29 (Address) Coroner, Lafayette Co. 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: Higginsville City Cemetery
DATE OF BURIAL: 4/20 1929

20. UNDERTAKER: Hoefer & Memers Rogue
ADDRESS: Higginsville 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.

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