

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

Do not use this space.

**1. PLACE OF DEATH**

County Marion Registration District No. 547 File No. 18664  
 Township X Primary Registration District No. 329 Registered No. 1250  
 City Hannibal (No. Revering Hospital St. 62 Ward)

**2. FULL NAME** Byron Lakenan

(a) Residence, No. 719 Hill St. 1<sup>st</sup> 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 <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jessie Lakenan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May - 1861</u>		
7. AGE YEARS <u>70</u>	MONTHS <u>-</u>	DAYS <u>-</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Janitor 2<sup>nd</sup></u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Shelby Co. Missouri</u>		
13. NAME <u>Robert Lakenan</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>		
15. MAIDEN NAME <u>Hennietta Trull</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>		
17. INFORMANT <u>Geo Lakenan (son)</u> (ADDRESS) <u>719 Hill, Hannibal, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Baptist Ch. Hannibal</u> DATE <u>May</u> 19 <u>31</u>		
19. UNDERTAKER <u>Wm M. Smith</u> (ADDRESS) <u>922 Bldg, Hannibal, Mo.</u>		
20. FILED <u>5/29</u> 19 <u>31</u> <u>Oloussis</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from April - 2, 1931, to May - 19, 1931  
 I last saw him alive on May - 15, 1931. Death is said to have occurred on the date stated above, at 9:00 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Myocarditis

Other contributory causes of importance:  
70, 93, 100

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify.....  
 (Signed) J. S. Hill, M. D.  
 (Address) Hannibal, 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.

JUN 27 1931

