

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.

JUL 23 1931

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

Do not use this space
20979

1. PLACE OF DEATH

County *Copier*
Township *Prairie Home*
City *(No.)*

Registration District No. *224*
Primary Registration District No. *530.5*

File No. _____
Registered No. *11*
St. _____ Ward _____

2. FULL NAME

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *6-9-1931*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *9*
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*
10. Date deceased last worked at this occupation (month and year) *last of June* 11. Total time (years) spent in this occupation *1*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Prairie Home Mo*
13. NAME *Archie Lacy*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Prairie Home Mo*
15. MAIDEN NAME *Mary Lewis Cole*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Prairie Home Mo*

17. INFORMANT (ADDRESS) *Archie Lacy*
18. BURIAL, CREMATION, OR REMOVAL PLACE *New Salem Cem* DATE *6-18-31*
19. UNDERTAKER (ADDRESS) *none*

20. FILED *6-8* 19 *31* *A. L. Meredith*
Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6-18-31*
22. I HEREBY CERTIFY, That I attended deceased from *6-9-31* to *6-18-31*
I last saw him alive on *6-12-31* Death is said to have occurred on the date stated above, at *7 A.* m.

The principal cause of death and related causes of importance were as follows:
Incubation
159
158

Other contributory causes of importance:
Premature Birth
7 month Baby

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) *A. L. Meredith*, M. D.
(Address) *Prairie Home Mo*

