

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

Do not use this space.

27856

1. PLACE OF DEATH

County Cosper
Township Prairie Home
City (No.)

Registration District No. 224
Primary Registration District No. 3305

File No.
Registered No. 14
St. Ward

2. FULL NAME

George Granville Lacy
(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 4 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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF divorced

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 25 - 1854
7. AGE YEARS 77 MONTHS 7 DAYS 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cosper Mo

13. NAME Archibald J Lacy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Hale

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) P. W. Lacy

18. BURIAL, CREMATION, OR REMOVAL PLACE walnut Grove Cem DATE 8-28-31

19. UNDERTAKER (ADDRESS) W. Allert Hornbeck Prairie Home Mo

20. FILED 8-26 1931 W. H. Meredith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-26-31

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to Aug 26, 1931
I last saw him alive on Aug 4, 1931. Death is said to have occurred on the date stated above, at 9 A. M.
The principal cause of death and related causes of importance were as follows:

102
Pericardial disability
Old - Family Trouble
Dependent. Gave up
Other contributory cause of importance:
None

Name of operation None 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) W. H. Meredith, M. D.
(Address) Prairie Home Mo

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

SEP. 22 1931

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.

