

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

Do not use this space.

35170

File No. 262  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

PLACE OF DEATH

County Cole  
Township \_\_\_\_\_  
City Jefferson (No. \_\_\_\_\_)

Registration District No. 2, 3  
Primary Registration District No. 3014

2. FULL NAME Mrs. Lorraine Lackey  
(a) Residence, No. \_\_\_\_\_ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Paul Lackey  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April--11-1891  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
41 6 28  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 235  
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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City, Mo

13. NAME Henry Goller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County, Mo.

15. MAIDEN NAME Julia Humbrock

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Missouri

17. INFORMANT Mrs. Henry Goller  
(ADDRESS) Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE River View Cem DATE Nov-11- 1932

19. UNDERTAKER (ADDRESS) Wm. G. Gordon  
Jefferson City, Mo.

20. FILED 11/14/32 1932 W. Bedford  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12 1932 to Nov. 9 1932

I last saw h. alive on Nov. 9 1932 Death is said to have occurred on the date stated above, at 7:45 p. m.

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

Parasitoma of intestine  
460 460

Other contributory causes of importance:

Date of onset

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. Bedford, M. D.  
(Address) \_\_\_\_\_

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.

22  
2011  
7 1932

1961

1962

1963

1964