

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

Do not use this space.

5030

1. PLACE OF DEATH

County Cedar
Township
City Edwards Spring No.

Registration District No. 163
Primary Registration District No. 4095

File No.
Registered No. 12 St. Ward)

2. FULL NAME

Robert Lacy

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah J Lacy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 X 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 15 yrs

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) Tenn

13. NAME James K Lacy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

15. MAIDEN NAME Louisa B Easley

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

17. INFORMANT (ADDRESS) James K Lacy
J. E. Co. Mo. 516 Wall Bldg

18. BURIAL, CREMATION, OR REMOVAL PLACE Freeman Mo. DATE 2/16 1933

19. UNDERTAKER (ADDRESS) Quinn Siders
Edwards Spring Mo

20. FILED 4-15 1933 J. W. Dawson Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1932 to Feb 14 1933
I last saw him alive on Feb 13 1933 Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

apoplexy
12/11/32
1/13/33
Other contributory causes of importance:
Interstitial nephritis

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?
If so, specify.
(Signed) L. J. Duncanson M. D.
(Address) Edwards Spring Mo

CAUSE OF DEATH IN plain terms, so that it may be properly transcribed.

