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

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.

MAY 22 1933

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

Do not use this space.

10080

File No.
Registered No.

1. PLACE OF DEATH

51 County: Johnson — Registration District No. 431

Township: Warrensburg, — Primary Registration District No. 3023

City: Warrensburg, (No. ..., ..., St. ..., Ward)

2. FULL NAME: Lulu Anna Lakey

(a) Residence, No. West North St St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: T. J. Lakey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 26 1873

7. AGE: YEARS 59 — MONTHS 5 — DAYS 5 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Sweet Springs Mo

FATHER

13. NAME: C. W. Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY):

MOTHER

15. MAIDEN NAME: Elizabeth Pitts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY):

17. INFORMANT: T. J. Lakey
(ADDRESS): Warrensburg, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Sunset Hill DATE: 4/2/ 1933

19. UNDERTAKER: Sweeney- Phillips
(ADDRESS): Warrensburg, Mo

20. FILED: April 3, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 18th, 1933, to March 31st, 1933
I last saw h... alive on March 31st, 1933. Death is said to have occurred on the date stated above, at 11-30 P.M
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — 1 31

Date of onset

Other contributory causes of importance: General debility

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) [signature], M. D.
(Address) Warrensburg Mo