

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

Do not use this space.

32704

1. PLACE OF DEATH
 36 County Franklin Registration District No. 294
 5 Township _____ Primary Registration District No. 4178
 6 City St. Clair (No. _____) St. _____ Ward _____
 2. FULL NAME Walter John Lack
 (a) Residence, No. St. Clair mo St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Lena Lack
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 14, 1872
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 10 1
 OCCUPATION 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. 16
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. 2
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bates Missouri
 FATHER 13. NAME Luther Monroe Lack
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington mo
 MOTHER 15. MAIDEN NAME Mary Jones
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bates mo
 17. INFORMANT Mrs Clara Withers
 (ADDRESS) St. Clair mo
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE _____ DATE _____ 19
 19. UNDERTAKER
 (ADDRESS) _____
 20. FILED 10/20 1933 W.H. Debevoise
 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-16 1933
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:30A.
 The principal cause of death and related causes of importance were as follows:
Suicide by Gun shot -
in heart -
 Date of onset _____
 Other contributory causes of importance:
None for this cause of death caused by auto-accident, one
 Name of operation _____ 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? suicide Date of injury 10-16, 1933
 Where did injury occur? St. Clair mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
in home
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) E. L. Washington Coroner M.D.
 (Address) Tabadie mo.

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.

WITH UNFADING INK—THIS IS A PERMANENT RECORD

NOV 20 1933

