

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.

NOV 10 1933

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

Do not use this space.

34025

1. PLACE OF DEATH
 County 80 Pettis Registration District No. 668
 Township 4 Sedalia Primary Registration District No. 5898 2032
 City Sedalia (No. Bochum Hosp) St. Mo Ward

2. FULL NAME Vernon J. Lorraine
 (a) Residence, No. Route # 2 Canon 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 M 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 Nellie M. Lorraine

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9 - 1894

7. AGE YEARS 39 MONTHS DAYS IF LESS than 1 day, hrs. or min.

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. Farmer

10. Date deceased last worked at this occupation (month and year) Oct 25 - 33 11. Total time (years) spent in this occupation 30 1/2

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

13. NAME William Lorraine

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kepler Mo

15. MAIDEN NAME Muriel Forkes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) A. J. Osison Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bothe lawn DATE Oct 26 1933

19. UNDERTAKER (ADDRESS) Mrs. Laughlin Bros. Sedalia

20. FILED 10/26 1933 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-23-1933

22. I HEREBY CERTIFY, That I attended deceased from 10-22-1933 to 10-23-1933, 1933
 I last saw him alive on 10-23-1933 Death is said to have occurred on the date stated above, at 6:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
82A
 Other contributory causes of importance:

Name of operation no Date of no
 What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no, 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) A. J. Campbell, M. D.
 (Address) Sedalia, Mo.

DEC 29 1986