

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.

62  
1  
4

SEP 18 1934 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

30045

1. PLACE OF DEATH

County Madison

Registration District No. 538

Township

Primary Registration District No. 2028

City Fredericktown (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 74

2. FULL NAME Alfred Thomas Lacey

(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

Male

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

Lillie Mae Lacey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct 14 - 18/60

7. AGE

YEARS

74

MONTHS

10

DAYS

26

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

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

retired

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)

Fredericktown Missouri

13. NAME

John Lacey

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

Cape Girardeau Missouri

15. MAIDEN NAME

Buckner

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

Kentucky

17. INFORMANT (ADDRESS)

Albert Lacey Fredericktown Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Masonic DATE Aug 9 1934

19. UNDERTAKER (ADDRESS)

Ed J. Walsh Fredericktown

20. FILED Aug 9 1934

S. C. Slaughter Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8 1934

22. HEREBY CERTIFY, That I attended deceased from

Sept 2 1930 to Aug 8 1934

I last saw him alive on Aug 7 1934 Death is said

to have occurred on the date stated above, at 1:20 Am

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

Pneumonia  
38  
39  
107 : 38  
Date of onset Aug 7, 1934

Other contributory causes of importance:

Malnut July 23 1934

Heart failure since Sept 1930

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? NO 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) S. C. Slaughter \_\_\_\_\_, M. D.

(Address) Fredericktown

Ray E. Schwan

