

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

Do not use this space.

JAN 21 1935

41954

1. PLACE OF DEATH

County Boone Registration District No. 73
 Township Columbia Primary Registration District No. 300.6
 City Columbia (No.) St. Ward)

File No.
 Registered No. 290

2. FULL NAME

Dr. Charles Lucien Lavender
 (a) Residence, No. 711 Wilson 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 Ethel Lavender

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-78-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 10 5

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

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) Virginia

13. NAME Robt R Lavender

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

15. MAIDEN NAME Emily C Noble

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

17. INFORMANT (ADDRESS) M. C. Lavender
Columbia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Jourasburg Mo DATE 12/5 1934

19. UNDERTAKER (ADDRESS) Parke Funeral Home
Columbia Mo

20. FILED 12/4/34 Allie Selby Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-3 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 2nd 1930, to 12-3 1934

I last saw him alive on 11-24 1934 Death is said to have occurred on the date stated above, at 10 a.m.

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

Angina Pectoris - fu Date of onset 1932

Other contributory causes of importance: arterio-sclerosis 1930

hypertension 1932

Name of operation none Date of operation Jan 2nd 1930

What test confirmed diagnosis? Phys. ul Examin Was there an autopsy? no

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? no

If so, specify (Signed) W. O. Johnson M. D.

(Address) Columbia 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.

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