

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

Do not use this space.

FEB 18 1935

100

1. PLACE OF DEATH

County Barton
Township Ozark
City Liberal

Registration District No. 41
Primary Registration District No. 5762

File No.
Registered No.
St. Ward)

2. FULL NAME

James Lakin
(a) Residence No. Liberal Mo St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Laura Mae Lakin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 5 - 1850

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	84	9	22	

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

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Anna Mae Daniels

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

17. INFORMANT (ADDRESS) Sons

18. BURIAL, CREMATION, OR REMOVAL PLACE Shiloh Mo DATE Jan 29 1935

19. UNDERTAKER (ADDRESS) H. J. Moonahan
arcedia Kane

20. FILED Feb. 6th 1935 F. R. Spill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11 1934 to Jan. 27 1935

I last saw him alive on Jan. 27 1935 Death is said to have occurred on the date stated above, at 8:30 m.

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

Cardiac Dropsy
77 25

Date of onset

Other contributory causes of importance: Mitral Insufficiency

Name of operation none Date of no

What test confirmed diagnosis? Physical Signs Was there an autopsy?

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? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) F. R. Spill, M. D.
(Address) Liberal 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.

