

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.

29
4
6

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

Do not use this space.

FEB 26 1935

1. PLACE OF DEATH

County Jade
Township Greenwood
City Rockwood (No.)

Registration District No. 238
Primary Registration District No. 4145

File No. 703
Registered No.
St. Ward)

2. FULL NAME

Emma Lack

(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 <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u> (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alexander Lack</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 29 - 1854</u>		
7. AGE YEARS <u>80</u>	MONTHS <u>7</u>	DAYS <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lived with son and daughter</u>		11. Total time (years) spent in this occupation
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)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27, 1935
22. I HEREBY CERTIFY That I attended deceased from Jan. 24, 1935, to Jan. 27, 1935
I last saw her alive on Jan. 27, 1935. Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) J. J. Orsdel, M. D.
(Address) Greenfield, Mo

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jenn</u>
	13. NAME <u>S. J. Etter</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jenn</u>
	15. MAIDEN NAME <u>Nancy Bonner</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Nashville, Tenn.</u>
	17. INFORMANT <u>Emma Lack</u> (ADDRESS) <u>Rockwood, Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenfield</u> DATE <u>Jan. 29, 1935</u>	
19. UNDERTAKER (ADDRESS) <u>Ray Caldwell</u> <u>Rockwood, Mo</u>	
20. FILED <u>1-28, 1935</u> <u>J. O. Whitt</u> Registrar.	

2
2
2

