FEB 25 1935

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

Do not use this space.

1024

1. PLACE OF DEATH

County Harrison — Registration District No. 337

Township — Primary Registration District No. 4200

City Eagleville Mo (No. ..... St. ..... Ward)

File No. ..... Registered No. 1

2. FULL NAME Lafayette G. Oakes

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Alice Oakes

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 14 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	73	5	13	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Re. Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Iowa

PARENTS

10. NAME OF FATHER Jacob Oakes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Pa

12. MAIDEN NAME OF MOTHER Ellen Harrison

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) unknown

14. INFORMANT Mrs L. G. Oakes
(Address) Eagleville Mo

15. FILED Jan 27, 1935 Lois Dunn Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1935 to Jan 27, 1935 — that I last saw h. alive on Jan 26, 1935, and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes Organic Heart disease (Mitral Stenosis)

..... (duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis, Diabetes, Gangrene ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? Home

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) D. D. Bee, M. D.

1/28 1935 (Address) Blythedale Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Eagleville Mo — DATE OF BURIAL 1/28 1935

20. UNDERTAKER Frank Kramer — ADDRESS Eagleville 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.