

JAN 20 1936

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St Charles Registration District No. 757
Township _____ Primary Registration District No. 3036
City St Charles (No. 1020 N. 6 St)
St. _____ Ward _____ (If nonresident, give city or town and State)

File No. 40767
Registered No. 191

2. FULL NAME

Joseph H. Lackland
(a) Residence, No. St Charles Mo St. 4 Ward _____

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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theodosia Adore
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 30th 1935
7. AGE YEARS 76 MONTHS 0 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Editor of Paper
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) Washington (STATE OR COUNTRY) Mo.

13. NAME Joy L. Lackland

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

15. MAIDEN NAME Hardin

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

17. INFORMANT Joseph Lackland (ADDRESS) Benton Ave Franklin St

18. BURIAL, CREMATION, OR REMOVAL St Charles Mo PLACE Lake View Cemetery DATE Dec 26th 1935

19. UNDERTAKER J. B. Dillmore & Sons Co (ADDRESS) 900 N Second St St Charles Mo

20. FILED 12/26 1935 Clarence H. Hessler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23rd 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1935, to Dec 23, 1935
I last saw him alive on Dec 23, 1935. Death is said to have occurred on the date stated above, at 9:57 a.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia
Other contributory causes of importance: 108

Date of onset Dec 13 1935

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) T. R. Hardin, M. D.
(Address) St Charles, 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

UNIT 78C