

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.

MAR 24 1936

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

Do not use this space.

1. PLACE OF DEATH

County Platte  
Township Pettis  
City Parkville (No. 14117)

Registration District No. 14117  
Primary Registration District No. 14117

File No. 7218  
Registered No.                       
St.                      Ward                     

2. FULL NAME

(a) Residence (No.                      St.,                      Ward.                     )  
(Usual place of abode)

Length of residence in city or town where death occurred 43 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 Female 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 Alexander Herbert Lake

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 29 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>65</u>	<u>5</u>	<u>23</u>	<u>-</u>

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

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) Feb 15 36 11. Total time (years) spent in this occupation                     

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berkshire England

13. NAME                     

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown England

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) M. A. H. Lake Parkville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Parkville Mo DATE March 23 36

19. UNDERTAKER (ADDRESS) Leland G. Francis Parkville Mo.

20. FILED 309 1936 S. P. Ford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1936, to Feb 20, 1936. I last saw her alive on Feb 20, 1936. Death is said to have occurred on the date stated above, at 12:45 m.

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

Carcinoma of Liver Date of onset                     

Other contributory causes of importance:                     

Name of operation                      Date of                       
What test confirmed diagnosis? Clinical 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) S. P. Ford M. D.  
(Address) Parkville Mo

