

JUL 27 1936

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

Do not use this space.

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1. PLACE OF DEATH

County ST LOUIS
Township CLAYTON
City CLAYTON

Registration District No. 790
Primary Registration District No. 6039
(No. ST LOUIS, CO. HOSPITAL)

File No. 24168
Registered No. 235
St. _____ Ward _____

2. FULL NAME LAKEY, Jesse

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

2332 BURNS
OVERLAND MO
(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>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>NANCY E LAKEY</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>SEPT-8-1872</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>9</u>
	DAYS <u>12</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>LABORER</u>
	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) WRIGHT CITY MO
(STATE OR COUNTRY)

FATHER 13. NAME ENICE LAKEY

FATHER 14. BIRTHPLACE (CITY OR TOWN) WRIGHT MO
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME AMANDA SEARS

MOTHER 16. BIRTHPLACE (CITY OR TOWN) MO
(STATE OR COUNTRY)

17. INFORMANT MARY E LAKEY
(ADDRESS) 2332 BURNS OVERLAND MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. LEBANON DATE JUNE 25 1936

19. UNDERTAKER BAUMANN BROS INC
(ADDRESS) OVERLAND MO

20. FILED 6/27 1936 D. J. Segourelle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/20 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/20 1926, to 6/20 1936
I last saw him alive on 6/20 1936. Death is said to have occurred on the date stated above, at 6:55 pm.
The principal cause of death and related causes of importance were as follows:

Anaemia, Pernicious

Date of onset
3y.

7/10

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) Joseph J. T. [unclear], M. D.
(Address) St. Louis Co. Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

