

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

Do not use this space.

APR 27 1936

1. PLACE OF DEATH

County Saline

Registration District No. 801

File No. 48047

Township

Primary Registration District No. 4490

Registered No. 13

City Sweet Springs Mo (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Edwin St. _____ Ward _____

(Usual place of abode) 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF child of Edward L. Lakin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19-1936

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

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

13. NAME Edward Daniel Lakin

14. BIRTHPLACE (CITY OR TOWN) Kahoka Mo (STATE OR COUNTRY)

15. MAIDEN NAME Margaret Evelyn Dugan

16. BIRTHPLACE (CITY OR TOWN) Kahoka Mo (STATE OR COUNTRY)

17. INFORMANT Edward L. Lakin (ADDRESS) Sweet Springs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sweet Springs Mo DATE March 19, 1936

19. UNDERTAKER Perseph Arney (ADDRESS) Sweet Springs Mo

20. FILED 3-19 1936 Noe O. Harrison Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-19-1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 19th 1936 to Mar 19th 1936

I last saw him alive on never, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

still born - death occurred probably about 3 day before birth.
Cause of stillbirth unknown
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) [Signature] M. D.

(Address) Sweet Springs 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.

WRITE PLAINLY WITH INK

