

FEB 17 1937

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

Do not use this space.

1208

1. PLACE OF DEATH  
48 County Jackson Registration District No. 398  
Township Blue Primary Registration District No. 5554  
City Courtney mo (No. 1) St.                      Ward                       
File No.                       
Registered No. 33  
St.                      Ward                     

2. FULL NAME Mary E. Lacy  
(a) Residence, No. Courtney mo 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8 - 1887  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
49 9 17  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife.  
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                     

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/25/37, 1937  
22. I HEREBY CERTIFY That I attended deceased from                     , 1937  
I last saw him                      alive on                     , 1937. 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:  
Shot wound of the Chest  
Date of onset                     

12. BIRTHPLACE (CITY OR TOWN) Peculiar (STATE OR COUNTRY) mo  
13. NAME Cyrus R. Davis  
14. BIRTHPLACE (CITY OR TOWN) Ill (STATE OR COUNTRY)                       
15. MAIDEN NAME Kate Wright  
16. BIRTHPLACE (CITY OR TOWN) Ill (STATE OR COUNTRY)                       
17. INFORMANT Mr. Phillip H. Lacy (ADDRESS) Courtney mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE Jan 27 1937  
19. UNDERTAKER O.H. Mitchell (ADDRESS) Independence mo  
20. FILED 1-28-37 J.L. Cook Registrar.

Other contributory causes of importance                       
Name of operation                      Date                       
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 1/25/37  
Where did injury occur? Courtney mo (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 of injury                      occupation of deceased?                       
If so, specify                       
(Signed)                      M. D.  
(Address)                     

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

