

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

**4296**  
 Do not use this space.

1. PLACE OF DEATH **Scott**  
 (a) County **Richland** Registration District No. **221**  
 (b) Township **Sikeston** Primary Registration District No. **4553** Registered No. \_\_\_\_\_  
 (c) City **Sikeston** (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME **William Barnard Lacy 200**  
 (a) Residence, No. **126 S. New Madrid** St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widower**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Lynch Lacy**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **3/23/1859**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	78	10	5	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Hotel Operator**

9. Industry or business in which work was done, as 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) **Murray,** (STATE OR COUNTRY) **Ky.**

FATHER 13. NAME **Amos Harris Lacy**

14. BIRTHPLACE (CITY OR TOWN) **Unknown** (STATE OR COUNTRY) \_\_\_\_\_

MOTHER 15. MAIDEN NAME **Mary Elizabeth Lacy**

16. BIRTHPLACE (CITY OR TOWN) **Unknown** (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT **David Linn Lacy** (ADDRESS) **St. Louis, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sikeston, Mo.** DATE **1/30/38**

19. FUNERAL DIRECTOR **John Albritton** (ADDRESS) **Sikeston, Mo.**

20. FILED **2-8** 19 **38** **W. H. P. ...** Local Registrar. **533**

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/28/38** 19 **38**

22. I HEREBY CERTIFY That I attended deceased from **March 20** 19 **37** to **Jan 28** 19 **38**

I last saw him alive on **Jan 24** 19 **38** Death is said to have occurred on the date stated above, at **2:00 P.M.**

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

**Cerebral Hemorrhage** Date of onset **1-26-38**

Other contributory causes of importance: **Cerebral arteriosclerosis, arthritis** **3-20-37** **7-37**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? **clinical** Was there an autopsy? **yes**

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) **W. H. P. ...** M. D.  
 (Address) **Sikeston 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.

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH

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STATEMENT BY LICENSED EMBALMER

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**