

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.

REC'D MAR 14 1938

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

Do not use this space.

1. PLACE OF DEATH 2  
 County..... BUCHANAN ..... Registration District No. 85  
 Township..... WASHINGTON ..... Primary Registration District No. 1001  
 City..... ST. JOSEPH ..... (No. 5601 SOUTH 2ND ST. St. 197 Ward)

2. FULL NAME LEMUEL L.D. LAFET, 150  
 (a) Residence, No. 5601 SOUTH 2ND ST. St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 20 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 <b>MALE</b>	4. COLOR OR RACE <b>WHITE</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>WIDOWED</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>RUTH LAFET</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>NOVEMBER 3, 1847</b>				
7. AGE YEARS <b>90</b>	MONTHS <b>3</b>	DAYS <b>9</b>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>RETIRED FARMER</b>			
	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)..... <b>UNK</b>			
				11. Total time (years) spent in this occupation..... <b>UNK</b>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>RAY COUNTY, MO.</b>				
FATHER	13. NAME <b>THOMAS LAFET</b>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>CANADA</b>			
MOTHER	15. MAIDEN NAME <b>SARAH ANN BOONE</b>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>RAY COUNTY, MISSOURI</b>			
17. INFORMANT <b>W. B. LAFET</b> (ADDRESS) <b>5601 So. 2ND, ST. ST. JOSEPH, MO.</b>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>MING HILL, CEMETERY</b> DATE <b>Feb 14 1938</b>				
19. UNDERTAKER <b>FLEEMAN &amp; SON, INC.</b> (ADDRESS) <b>1946 COLBURN, ST. JOSEPH, MO.</b>				
20. FILED <b>Feb 14 1938</b> <b>J. J. Neethush</b> Registrar.				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **FEB. 12, 1938**, 19 **viewed**

22. I HEREBY CERTIFY, That I attended deceased from **Feb 12th 1938**, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him **alive** \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at **9:20 A.M.**

The principal cause of death and related causes of importance were as follows:  
**Chronic Myocarditis** Date of onset

932

Other contributory causes of importance: **Arteriosclerosis**

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

What test confirmed diagnosis? **History** 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 \_\_\_\_\_ **4**

24. Was disease or injury in any way related to occupation of deceased? **no**  
 If so, specify \_\_\_\_\_  
 (Signature) **W. D. Tadlock** Coroner, M. D.  
 (Address) **King Hill Bldg,**

