

REC'D APR 19 1938

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

10691  
 Do not use this space.

## 1. PLACE OF DEATH

(a) County Gasconade  
 (b) Township Bourbois  
 (c) City .....

7 Registration District No. 308  
 Primary Registration District No. 0426

Registered No. ....

(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. ds.

## 2. PRINT FULL NAME

Charles Pierie Lacy 200

(a) Residence, No. .... St.  (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna E. Lacy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1860.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
77 9 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming  
 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) (STATE OR COUNTRY) Owensville, Mo.

FATHER 13. NAME Steven W. Lacy  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER 15. MAIDEN NAME Caroline Luster  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Owensville Mo.

17. INFORMANT (ADDRESS) Richard L. Terrill Bland, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Crider Cem DATE 3/10/3819. FUNERAL DIRECTOR (ADDRESS) S. G. Lickliger Belle, Mo.20. FILED Mar 11 1938 Mrs. Mollie Spurgeon Local Registrar. 279 (Address) Bland Mo.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-8 193822. I HEREBY CERTIFY, That I attended deceased from 3-8 1938, to 3-8 1938I last saw him alive on 3-8 1938 Death is said to have occurred on the date stated above, at 7 P m.

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

Chronic EndocarditisOther contributory causes of importance: 92

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) E. A. Bunge, M. D.

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.

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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.)**