

REC'D JUN 22 1938

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

Do not use this space.

18839

File No. \_\_\_\_\_  
Registered No. 158  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
County Marion Registration District No. 547  
Township Mason Primary Registration District No. 3079  
City Hannibal (No. St. Elizabeth Hospital)

2. FULL NAME Martin Lake  
(a) Residence, No. Nelsonville, Mo. St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 77 yrs. 5 mos. 12 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Brown Lake

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

7. AGE YEARS 77 MONTHS 5 DAYS 12 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) (STATE OR COUNTRY) Durham, Mo.

13. NAME Saul Kellogg Lake

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

15. MAIDEN NAME Elizabeth Wiseman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis County, Mo.

17. INFORMANT Eula Lake Crane (ADDRESS) Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Nelsonville, Mo. DATE 5/19/38

19. UNDERTAKER Lewis Bros (ADDRESS) Palmyra, Mo.

20. FILED May 20 1938 W C Fisher Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1938, to May 18, 1938  
I last saw him alive on May 18, 1938 Death is said to have occurred on the date stated above, at 5:15 a.m.

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

Urinary retention  
PO. shock

Other contributory causes of importance:  
Hyperthymic psychosis  
Ch. myocarditis

Name of operation suprapubic Date of 5-16-38

What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) W C Fisher, M. D.

(Address) 100/101 Bly...

CAUSE OF DEATH IN PLAIN TERMS, so that it may be properly classified. Exact statement of OCCUPATION is very important.

