

REC'D SEP 14 1938

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125-  
Township 125- File No. 28547  
City Osceola (No. D. E. M. Hospital) Primary Registration District No. 3009  
Registered No. 3924  
St. Fredericktown Ward M.O.

2. FULL NAME

Lee Stacy Farmington R R 3924  
(a) Residence, No. Fredericktown St. M.O. Ward M.O.  
(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

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 Myrtle Stevens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 21, 1889

7. AGE YEARS 48 MONTHS 11 DAYS 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as printer, sawyer, bookkeeper, etc. Law miller

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) Madison Co. Mo.

13. NAME Buck Stacy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Mo.

15. MAIDEN NAME Sara Francis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Mo.

17. INFORMANT (ADDRESS) Clark Stacy Farmington Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cape Girardeau DATE 8-30-38

19. UNDERTAKER (ADDRESS) Ed. H. Webb Fredericktown Mo.

20. FILED 8-29-38 J. M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-29-1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. 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:

D. R. Briskey Coroner after hearing the evidence given in the coroner's court consulting the Dr. find that deceased Lee Stacy came to his death of falling from a truck on his head and striking his skull.

Other contributory causes of importance:

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

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? accident Date of injury Aug 29, 1938

Where did injury occur? Cape Girardeau (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury falling off truck and

Nature of injury fractured skull

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

If so, specify

(Signed) E. R. Briskey Coroner

(Address) H. S. Patton St. Cape Gir. 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.

