

REC'D SEP 9 1938

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

28699

Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3014 Registered No. 260  
 (c) City Jefferson (d) Street No. 906 St. Mary's Blvd 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. ds.

2. PRINT FULL NAME Jennie Sue Lackey

(a) Residence, No. 906 St. Mary's Blvd 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE "white" 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) "idow"  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James S. Lackey  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-20-1860  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
78 8 9

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-29 1938  
 22. I HEREBY CERTIFY That I attended deceased from 8-28 1938 to 8-29 1938  
 I last saw her alive on 8-29 1938 Death is said to have occurred on the date stated above, at 3:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. II  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Atherosclerosis myocarditis  
 Date of onset \_\_\_\_\_  
93211

12. BIRTHPLACE (CITY OR TOWN) Columbus, Ohio (STATE OR COUNTRY)

Other contributory causes of importance: \_\_\_\_\_

FATHER 13. NAME Not Known

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

MOTHER 15. MAIDEN NAME Not Known

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

17. INFORMANT Jaul Lackey (ADDRESS) Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Ever View Cem. DATE Sept-1-1938

19. FUNERAL DIRECTOR (NAME) Walter Gordon (ADDRESS) Jefferson City, Mo.

20. FILED 8/30 1938 Local Registrar

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? \_\_\_\_\_ 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? no  
 If so, specify \_\_\_\_\_ (Signed) Walter Gordon M. D.  
 (Address) Jefferson City, Mo.

A. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

*Thorp J. Gordon*

, or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*Thorp J. Gordon*

Licensed Embalmer No. *1286*

P. O. Address *Jefferson City, Mo.*

**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.)**

**If this body is not embalmed, above space should be left blank.**