

JUL 18 1939

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

23054  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Randolph Registration District No. 735  
 (b) Township Moberly Primary Registration District No. 3034  
 (c) City Moberly (d) Street No. 215 Bedford Registered No. 126  
 (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 Lucy Jane Staley  
 (a) Residence, No. 215 Bedford 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

3. SEX Female 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 George Staley  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13<sup>th</sup> 1874  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
64 11 12  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
 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) Ill.  
 FATHER 13. NAME John Walker  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.  
 MOTHER 15. MAIDEN NAME Louisa Reno  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.  
 17. INFORMANT (ADDRESS) George Staley  
Moberly Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly Mo DATE June 27<sup>th</sup> 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Madison and Son  
Moberly Mo.  
 20. FILED JUNE 27, 1939 Leah Willcox  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25<sup>th</sup> 1939  
 22. I HEREBY CERTIFY That I attended deceased from Nov 30, 1938, to June 25, 1939  
 I last saw him alive on June 21, 1939. Death is said to have occurred on the date stated above, at 3:40 P.  
 The principal cause of death and related causes of importance were as follows:  
Valvular Heart Dis.  
Ch. Nephritis  
 Other contributory causes of importance  
 Name of operation none Date of  
 What test confirmed diagnosis? Bliv. segm. 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) W. Smith, M. D.  
 (Address) Moberly Mo  
 923

Date of onset  
24<sup>th</sup>  
27<sup>th</sup>  
NOV 1938  
So far as  
I know

WHILE PRINTING WITH CARBONING INK—THIS IS A PERMANENT RECORD  
 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.

RECEIVED

District Health Officer No. 10

District File Number 7-39-1272

Date Filed JUL 12 1939

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Frank D. DeWitt*

Licensed Embalmer No. 3021

P. O. Address.....

*Moberly 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.