

AUG 19 1939

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

34926
Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 29 4021
(b) Township Cassville Primary Registration District No. 5038
(c) City Cassville (d) Street No. _____ 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. How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

200 William Kelley Lakey
(a) Residence, No. _____ 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 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 Sarah Lakey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1878
7. AGE YEARS 61 MONTHS 0 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) 7 years 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright Co., Mo.
13. NAME John S. Lakey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas Co., Mo.
15. MAIDEN NAME Betty Spurlock
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
17. INFORMANT (ADDRESS) Sarah Lakey
Cassville, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Concord Cem. DATE July 31, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Koon Funeral Home
Cassville, Mo.
20. FILED 7-31 1939 Shaw Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1939
22. I HEREBY CERTIFY, That I attended deceased from July 30, 1939, to July 30, 1939
I last saw him alive on July 30, 1939. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:
Acute cardiac decompensation Date of onset _____
Other contributory causes of importance: 95%
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) Charles A. Spears, M. D.
Cassville, 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.

1-10033

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RECEIVED

District Health Officer No. 6,

District File Number 839-1720

Date Filed AUG 17 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.....

Licensed Embalmer No.....

P. O. Address.....

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.