

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.

1940

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

Do not use this space.

15720

1. PLACE OF DEATH

County Jefferson Registration District No. 665
Township Jedalia, Mo. Primary Registration District No. 665-3032
City 2nd Mrs. Belle Lacey (No. Bethnell Camp) St. _____ Ward _____

File No. _____
Registered No. 181

2. FULL NAME

(a) Residence, No. Jedalia, Mo. St. _____ Ward _____
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Felix W Lacey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 9th 1860

7. AGE 79 YEARS MONTHS 4 DAYS 17 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Shelby County (STATE OR COUNTRY) Missouri

13. NAME Daniel Howe

14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

15. MAIDEN NAME Sarah Finley

16. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

17. INFORMANT Daniel Felix (ADDRESS) Windsor Mo

18. BURIAL, CREMATION, OR REMOVAL Place onia Cemetery DATE 3-29-40 19 _____

19. UNDERTAKER E. G. Bickhart (ADDRESS) Cole Camp Mo

20. FILED 3-30- 19 40 Mrs Harry Sneed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 27th, 1940

22. I HEREBY CERTIFY, That I attended deceased from Mar 19th, 1940 to Mar 27th, 1940
I last saw her alive on Mar 27th, 1940. Death is said to have occurred on the date stated above, at 2:10 A.M.

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

strangled by ventral hernia following an abdominal operation 12 years ago

Other contributory causes of importance: 1220

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) M. P. Sneyd, M. D.
(Address) _____

RECEIVED

District Health Officer No. 8,

Account File Number

Date Filed

5/15/40