

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

Do not use this space.

19639

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Moore Primary Registration District No. 1002 Registered No. 20248
 City Sanias City Mo (No. St. Luke Hos) St. _____ Ward _____

2. FULL NAME

J. M. Lavelock
 (a) Residence. No. _____ St. _____ Ward. Richmond Mo
 (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 Mollie Lavelock

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 15 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 4 20

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Lawyer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Thos. Lavelock

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Hookey Skoupe

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ill

14. INFORMANT Mrs Mollie Lavelock (Address) Richmond Mo

15. FILED June 5 1933 M. M. Corwin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3 16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-5-1933

17. I HEREBY CERTIFY, That I attended deceased from May 31, 1933, to June 5, 1933 that I last saw the alive on June 5, 1933, and that death occurred, on the date stated above, at 5:12 pm.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
30/07/33 (duration) _____ yrs. _____ mos. 16 ds.
 CONTRIBUTORY (SECONDARY) Pernicious Anemia and Myocardial Fibrosis (duration) 2 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH Richmond Mo

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. H. Dauglade, M. D.
 , 19 33 (Address) 804 W 48 KC. Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Richmond Mo DATE OF BURIAL 6/8/33

20. UNDERTAKER E. M. Jones ADDRESS Richmond 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.

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