

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

Do not use this space.

18957

1. PLACE OF DEATH

19 County Cass Registration District No. 162 File No. _____
 9 Township _____ Primary Registration District No. 45-64 Registered No. _____
 1 City Peculiar Mo (No. _____) St. _____ Ward _____

2. FULL NAME Samuel Lavelock

(a) Residence, No. _____ 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 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 Cora P. Lavelock
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1856
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 11 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Farmer
 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) (STATE OR COUNTRY) Peculiar Mo

FATHER 13. NAME Wm. W. Lavelock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

MOTHER 15. MAIDEN NAME Marcus Shoup

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 2

17. INFORMANT (ADDRESS) Cora P. Lavelock
Peculiar Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Harden, Mo. DATE June 10, 1932

19. UNDERTAKER (ADDRESS) E. K. Swartz & Sons
Belton Mo

20. FILED Jun 11 19 32 H. K. Swartz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1932
 22. I HEREBY CERTIFY, that I attended deceased from home June 8, 1932
 I last saw him alive on June 8, 1932 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Intermittent Reflux

Other contributory causes of importance:

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) H. K. Swartz M. D.
 (Address) Peculiar Mo

WRITE PLAINLY, WITH UNFADING 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.

JUN 22 1932

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