

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.

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

PLACE OF DEATH
County Cass County
Township Wes 1 Peculiar Registration District No. 162 File No. 566
or
Village _____ Primary Registration District No. 4227 Registered No. 3
or
City _____ (NO. _____ St. _____ Ward _____)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Abraham Lincoln Lamb

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Widowed</u>	DATE OF DEATH <u>January 15, 1913</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Dec 20, 1827</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>was not in, 1913</u> <u>at residence as 1913</u>	
AGE <u>86</u> yrs. <u>26</u> mos. <u>26</u> ds.		IF LESS than 1 day, _____ hrs. or _____ min.?	that I last saw him alive on <u>Jan 2</u> , 1913, and that death occurred, on the date stated above, at <u>8 a.</u> m.	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Retired farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>1 - C</u>			The CAUSE OF DEATH* was as follows: <u>921</u> <u>932</u> <u>did suddenly from 97 ruptured complications</u> (Duration) _____ yrs. _____ mos. _____ ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Ohio Warren, Co</u>			Contributory <u>Arteriosclerosis</u> (Secondary) <u>myocardial infarction</u> (Duration) <u>2</u> yrs. _____ mos. _____ ds.	
PARENTS	NAME OF FATHER <u>✓</u>		(Signed) <u>H. A. Broussard</u> M. D. <u>Jan 16, 1913</u> (Address) <u>Peculiar</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ohio</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	MAIDEN NAME OF MOTHER <u>✓</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ohio</u>		Where was disease contracted if not at place of death? Former or usual residence _____	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>W. T. Lamb</u> (ADDRESS) <u>Peculiar Mo</u>			PLACE OF BURIAL OR REMOVAL <u>Mills Cemetery</u>	
Filed <u>Jan 15 1913</u> <u>H. A. Broussard</u> REGISTRAR			GATE OF BURIAL <u>3</u> ADDRESS: <u>W. T. Lamb Peculiar</u>	

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sar-*

coma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

CERTIFICATE OF DEATH

PLACE OF DEATH

County Cass
 Township West Peculiar
 or
 Village _____
 or
 City _____ (NO. _____ St.: _____ Ward: _____)

Registration District No. 162 File No. _____

Primary Registration District No. 5227 Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Abraham Lincoln Lamb

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED widowed
 WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH Dec. 20, 1827
 (Month) (Day) (Year)

AGE 86 yrs. 26 mos. 26 ds. If LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work retired
 (b) General nature of industry, business, or establishment in which employed (or employer) Farmhand

BIRTHPLACE: (City or town, State or foreign country) Ohio Warren Co.

PARENTS
 NAME OF FATHER Doug Purin
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ohio
 MAIDEN NAME OF MOTHER Dora Knowlton
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ohio

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) A. H. Lamb
 (ADDRESS) Peculiar, Mo.

Filed Jan 13, 1913 H. A. Presley REGISTRAR

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 10, 1913
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan. 10, 1913 that I last saw him alive on Jan. 2, 1913, and that death occurred, on the date stated above, at 8:01 a.m.

The CAUSE OF DEATH* was as follows:
Collapsed suddenly from ruptured compensation

(Duration) ____ yrs. ____ mos. ____ ds.
 Contributory arteriosclerosis
 (SECONDARY)

(Signed) H. A. Presley M. D.
Jan. 16, 1913 (Address) Peculiar

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.
 Where was disease contracted if not at place of death?
 Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Mills Cemetery DATE OF BURIAL Jan. 16, 1913
 UNDERTAKER Wilson & Mill ADDRESS Peculiar

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566