

REC'D SEP 16 1938

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

Do not use this space.

28591

1. PLACE OF DEATH

County Cass
Township W. Peculiar
City W. Peculiar (No. 1)

Registration District No. 162
Primary Registration District No. 5227

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. 510 St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/19, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. T. Lamb

22. I HEREBY CERTIFY, That I attended deceased from 3-28-38, to 8-19-38, 1938

I last saw him alive on 8-18-38, 1938 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25-1866

to have occurred on the date stated above, at 2:10 P. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 5 25

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

Chronic Myocarditis Date of onset
& arterial hypertension
chron

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home-maker

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

Other contributory causes of importance: Senile Dementia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co, Mo.

13. NAME Joseph Reeder

Name of operation Date of

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

What test confirmed diagnosis? Was there an autopsy?

15. MAIDEN NAME Lydia Gentry

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

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

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Carl H. Lamb 6025 Park Kansas City Mo.

Manner of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Wills Cemetery DATE 8/21 1938

Nature of injury

19. UNDERTAKER (ADDRESS) Hannaburg Mo

24. Was disease or injury in any way related to occupation of deceased?

20. FILED 8/21 1938 Martin V. Robinson Registrar.

If so, specify David Skork M. D.
(Signed) Hannaburg Mo
(Address)

Dr. King - 1-5-38

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

