

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

Do not use this space.

*Dr. J. J. Thomas*  
917

FEB 25 1935

**1. PLACE OF DEATH**

County Wheeler Registration District No. 318

Township Springfield Twp. Primary Registration District No. 20010

City Springfield Twp. 1308 E. Mill St. Ward \_\_\_\_\_ (If nonresident, give city or town and State)

**2. FULL NAME**

(a) Residence, No. 1308 E. Mill St. \_\_\_\_\_ Ward \_\_\_\_\_ (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) widowed

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E. (Dec)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25 - 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.  
83 4 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Winchester, Ohio

13. NAME Joseph Lamb

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

15. MAIDEN NAME Abbie Piatt

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

17. INFORMANT (ADDRESS) Mrs. Dennis Smith, Springfield, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Murphree, Jan. 16, 1935

19. UNDERTAKER (ADDRESS) Alma LaFayette, Home, Springfield, Mo.

20. FILED 1-10 1935 John W. ... Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 8<sup>th</sup>, 1935, to Jan 15<sup>th</sup>, 1935.

I last saw him alive on Jan 14<sup>th</sup>, 1935. Death is said to have occurred on the date stated above, at 7:15 A.M.

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

Infirmity of old age Date of onset

Other contributory causes of importance: 1/10 2

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 \_\_\_\_\_, 1935

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? No

(Signed) J. J. Thomas, M. D. (Address) Springfield, 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.

