

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

Do not use this space.

36569

1. PLACE OF DEATH

County Linn

Registration District No. 318

Township Springfield

Primary Registration District No. 2001

City Springfield

No. 1308 E. Mill

File No. _____

Registered No. 802

St. _____

Ward) _____

2. FULL NAME

(a) Residence. No. 1308 E. Mill 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 Female

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Isaac P. Lamb

7. DATE OF BIRTH (MONTH, DAY AND YEAR) June 13-1853

7. AGE

YEARS 74

MONTHS 6

DAYS 12

IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(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) Ind.

10. NAME OF FATHER Edgar Clark

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____

(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Harriet Handcock

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____

(STATE OR COUNTRY) Ohio

14. INFORMANT Isaac P. Lamb

(Address) 1308 E. Mill

15. FILED Mr. G. A. Octoborst

FILED

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-25-1927

17.

I HEREBY CERTIFY, That I attended deceased from Dec 24, 1927, to Dec 25, 1927 that I last saw h. at alive on Dec 23, 1927, and that death occurred, on the date stated above, at 4:40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Complications following Bronchopneumonia.
10th
162/000 (duration) yrs. 2 mos. ds.
CONTRIBUTORY Infirmities of old age, (SECONDARY) (duration) yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. E. Evans, M. D.

176 E. 12th Springfield Mo.

*State the DISEASE CAUSING DEATH, or if 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 Marshall Mo.

DATE OF BURIAL 12-27 1927

20. UNDERTAKER W. J. Carver

ADDRESS Marshall 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.

