29 1928

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

Do not use this space.

12365

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 479

City St Joseph — (No. City Hospital (Sunnyslope) St. Ward)

2. FULL NAME Margaret E. Lamar.

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

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
female	white	married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ora Lamar

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 8. 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	47	8	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work house wife -

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Sheridan
(STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER John Jenkins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) Wales.

12. MAIDEN NAME OF MOTHER Margaret Rungon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wellsville
(STATE OR COUNTRY) Missouri.

14. INFORMANT Ora Lamar
(Address) Sheridan, Missouri

15. FILED APR 16 1928 John G. Jolly REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-15 1928

17. I HEREBY CERTIFY, That I attended deceased from 4-14, 1928, to 4-15, 1928 that I last saw her alive on 4-14, 1928, and that death occurred, on the date stated above, at 5:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

23 A

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Sheridan Mo

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings

(Signed) H W Carll, M. D

4-16, 1928 (Address) 301 Phys & Surg Bldg

*State the DISEASE CAUSING DEATH, or in 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 Sheridan, Missouri via auto — DATE OF BURIAL April 17 1928

20. UNDERTAKER Heaton Be Gole + Bowman — ADDRESS 319 So. 10th St Joseph.

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.