

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

Do not use this space.

13581

1. PLACE OF DEATH

County Jackson Registration District No. _____ File No. _____
 Township Kaw Primary Registration District No. _____ Registered No. 1416
 City Kansas City (No. 1323, Linwood Blvd St. _____ Ward _____)

2. FULL NAME

Elizabeth Mary Lampe
 (a) Residence. No. 1323 Linwood Blvd Ward. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 37 yrs. mos. 13 days How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND or (OR) WIFE OF J. N. Lampe

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 19 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 1 8

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 employee) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY) Illinois

10. NAME OF FATHER Henry Koebbe

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Unknown

14. INFORMANT J. N. Lampe
 (Address) 1323 Linwood Blvd

15. FILED 4/25 25 1928 M. H. Creque REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 27 1928

17. I HEREBY CERTIFY, That I attended deceased from 4-12-28 to 4-26, 1928, and that I last saw him alive on 4-26, 1928, and that death occurred, on the date stated above, at 10-30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart Stone in Coronary Artery
 (duration) 10 yrs. mos. da.
CONTRIBUTORY Pneumonia-Chemel
 (SECONDARY) (duration) 2 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Not at Place of Death

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 4-12-28
WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Operation
 (Signed) Harold Hall, M. D.
 (Address) 73 Hegye Blvd

*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 MT Washington **DATE OF BURIAL** April 30 1928

20. UNDERTAKER D. H. Newcome's Sons **ADDRESS** 2111 E. 9th St.

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

734 Argyle Bldg.

1-2:30