

NOV 2

1928

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

Do not use this space.

32593

1. PLACE OF DEATH

County Worth Registration District No. 903 File No. 32593
Township Walden Primary Registration District No. 4545 Registered No. 17
City Grant City (No.) St. Ward)

2. FULL NAME Rosetta Melvina Lamb

(a) Residence No. St. Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 17 yrs. mos. da. 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 (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 19, 1845

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
83 | 5 | 13 | = | min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Living with daughter
(b) General nature of industry, business, or establishment in which employed (or employer) Home work
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Vinton, Ohio
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER John Masberger

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

12. MAIDEN NAME OF MOTHER Eliza Walker

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

14. INFORMANT Cora Early
(Address) Grant City Mo.

15. FILED 9/10/28 19 28 John A. Curran REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 1st 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 1st 1928, to Sept 1st 1928, that I last saw her alive on Sept 1st 1928, and that death occurred, on the date stated above, at 11:55 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
925
162

CONTRIBUTORY (SECONDARY) Security (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED PH
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF ...
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) L. H. Swift (M-1) 0
9/1, 1928 (Address) Grant City Mo.

*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 Latta Grove DATE OF BURIAL 9/3 1928

20. UNDERTAKER Arch C. Dunfee ADDRESS Grant City 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.

