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

Do not use this space.

30099

File No. 1044

Registered No.

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH

County: Buchanan

Township:

City: St. Joseph (No. 216 west Augusta Street St. Ward)

2. FULL NAME Estell R Lamport

(a) Residence. No. 216 West Augusta St. 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	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 Chas. L Lamport

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 28, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	4	9	

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)
(STATE OR COUNTRY) Indiana

PARENTS

10. NAME OF FATHER Danial Doty

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wayne Co.
(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Rachel Ledman

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

14. INFORMANT Charles Lamport
(Address) 216 West Augusta

15. FILED Sep 9 1929 John G. Ott REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 7 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1929, to Sept. 7, 1929, that I last saw him alive on Sept 4, 1929, and that death occurred, on the date stated above, at 8-50 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

— Carcinoma of Colon —
4 Yr.
1 mo.
45
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Bronchio Pneumonia
(duration) yrs. mos. 2 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? Clinical Exam - X-ray -

(Signed) F. G. Thompson M. D.

Sept 9, 1929 (Address) 825 Charles St Joseph 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: Mt. Mora Cemetery

DATE OF BURIAL: Sept 9 1929

20. UNDERTAKER: H. D. Sidenfaden

ADDRESS: 1802 Union 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.