

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

Do not use this space.

11839

1. PLACE OF DEATH Buchanan Registration District No. 86
 County Missouri Primary Registration District No. 5127
 Township Washington (No. 11) St. Joseph's Sanatorium St. _____ Ward _____
 City _____

2. FULL NAME Fred Lamb

(a) Residence. No. _____ St. _____ Ward. Hatfield, Mo.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Lucy E. Lamb</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov-24-1858</u>				
7. AGE	YEARS <u>71</u>	MONTHS <u>5</u>	DAYS <u>6</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer				
9. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Ohio</u>				
PARENTS	10. NAME OF FATHER <u>Jack Lamb</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Unknown</u>			
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Unknown</u>			
14. INFORMANT <u>Carl Jackson</u> (Address) <u>W. 4th St</u>				
15. FILED <u>4-30-30</u> <u>J. J. Bunschal</u> REGISTRAR				

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 30 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr 28, 1930, to April 30, 1930 that I last saw him alive on April 30, 1930, and that death occurred, on the date stated above at 9:15-8 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
87.4 duration 1 1/2 hours
135 B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Cerebral Hemorrhage cerebral 2 months
135 B (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRAICTED Hatfield Mo
 IF NO PLACE OF DEATH Hatfield Mo
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS clinical
 (Signed) W. J. Jackson, M. D.
473, 1930 (Address) 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 Hatfield, Mo. DATE OF BURIAL May 2, 1930

20. UNDERTAKER Heaton-Begole & Bowman ADDRESS St. Joseph, Mo

-Jesse H. Hunt

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

