

STANDARD CERTIFICATE OF DEATH

State Department of Health
Division of Vital Statistics
STATE OF IOWA

22636

1 PLACE OF DEATH

County Harmon State: Missouri Registered No. _____
Township Lincoln or Village _____
City _____ No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution give its name instead of street and number)

Length of residence in city or town where death occurred 2 yrs 2 mos. 2 da. How long in U. S. if of foreign birth? 2 yrs 2 mos. 2 da.

2 FULL NAME Lucy Ellen Lamb
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) _____

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Fred Lamb

6 DATE OF BIRTH (month, day, and year) Feb 9. 1893

7 AGE Years 41 Months 5 Days 20 If less than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail Lumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Keeper

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Ohio

13. NAME Horace West

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME None no record

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs. Davis Luthers
(Address) Harmon Mo

18. BURIAL, CREMATION, OR REMOVAL
Place Harmon Mo Date 7/30 1930

19. LICENSED EMBLIMER J. S. R. Laska No. 907
(Address) Harmon Mo

20. FILED _____ 19 _____ Registrar. _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 28 1930

22. I HEREBY CERTIFY, That I attended deceased from April 26 1930 to July 28 1930

I last saw her alive on July 28 1930 death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cancer of Stomach
46B

Contributory causes of importance not related to principal cause:

44B

Name of operation _____ Date of _____

What test confirmed diagnosis? Laboratory Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 1930

Where did injury occur? Ohio
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased _____

If so, specify _____
(Signed) J. D. Dyer M. D.
Earleville Mo
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATIONS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact standard OCCUPATION is very important. See instructions on back of certificate.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIANS.

[Handwritten signature]

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY LICENSED BALMERS.

Has decedent ever served in military or naval service of the U.S.? no If so give name of War _____

I, W.S. Roeder

Licensed Embalmer No. 607

hereby certify that

the body recorded on the reverse side of this certificate was embalmed by W.S. Roeder L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

[Handwritten signature]

Licensed Embalmer No. _____

NOTE: The above statement MUST BE SIGNED BY THE LICENSED EMBALMER OR JOHN H. AND JUDITH (Failure to comply with the above requirements will result in the certificate being void.)

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

1. PLACE OF DEATH.
 County Harrison Registration District No. 346 File No.
 Township Lincoln Primary Registration District No. 5484 Registered No.
 City St. Ward)

2. FULL NAME Lucy Ellen Lamb
 (a) Residence. No. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 8 1853

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>77</u>	<u>5</u>	<u>20</u>	

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

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

10. NAME OF FATHER Gordon Escat

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

12. MAIDEN NAME OF MOTHER No record

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 28 1930

17. I HEREBY CERTIFY, That I attended deceased from April 26, 1930, to July 28, 1930 that I last saw her alive on July 28, 1930, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Stomach

18. WHERE WAS DISEASE CONTRACTED (duration) yrs. mos. ds.
 IF NOT AT PLACE OF DEATH:
 DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY?
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) S. D. See M. D.
 , 19 (Address) Eagleville 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.

14. INFORMANT Mrs Dorcas Sutherland
 (Address) Halfield mo

15. FILED 10-8 1930 Chas Wilson REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL King Cemetery DATE OF BURIAL 7/30 1930

20. UNDERTAKER J S Rhoads ADDRESS Mount Ayr Iowa

SUPPLEMENTARY

5 - 22631