

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

Do not use this space.

Monday
27062

1. PLACE OF DEATH-

County *Jasper*
Township *Joplin*
City *Joplin* (No. *1*)

Registration District No. *411*
Primary Registration District No. *2012*

File No.
Registered No.
St. Ward)

2. FULL NAME *Norold Lee Lamb*

(a) Residence. No. *1824 Perkins* 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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Single*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Nov 28, 1929*

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day,hrs. ormin.
		<i>8</i>	<i>15</i>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Child*
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Jasper County, Missouri*
(STATE OR COUNTRY) *

10. NAME OF FATHER *Belas Lamb*

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

12. MAIDEN NAME OF MOTHER *Grae Case*

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

14. INFORMANT *Belas Lamb*
(Address) *1824 Perkins Joplin*

15. FILED *Jpt 30* 19*30* *Abenson Clark*
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Aug 12 1930*

17. I HEREBY CERTIFY, That I attended deceased from *Aug 5* 19*30* to *Aug 12* 19*30*.
that I last saw him alive on *Aug 11* 19*30*, and that death occurred, on the date stated above, at *Joplin* Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mongolian decay 1928
w/ resultant anorexia
(duration) yrs. *8* mos. *15* ds.

CONTRIBUTORY (SECONDARY) *Dea Colch*

(duration) yrs. mos. *10* ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) *Stuart Wood* M. D.

14, 1930 (Address) *Joplin 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

DATE OF BURIAL

Carterville Cem *8/15 1930*

20. UNDERTAKER

ADDRESS

Webb City Und Co Webb City

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.

SEP 25 1930

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RECORD

