

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

Do not use this space.

38360

**1. PLACE OF DEATH**

County Washington  
Township Bretton  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 887  
Primary Registration District No. 6179

File No. \_\_\_\_\_  
Registered No. 887  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Millard Lamar

(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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-17-30

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 4

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work none  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) This Co.  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Wm. Lamar

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

12. MAIDEN NAME OF MOTHER Sarah Ann Smith

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

14. INFORMANT Geo. Smith  
(Address) Potosi, Mo.

15. FILED 11-22, 1930 Geo. L. Thurman  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-21 1930

17. I HEREBY CERTIFY, That I attended deceased from 11-21, 1930, to 11-21, 1930 that I last saw him alive on 11-21, 1930, and that death occurred, on the date stated above, at 4:19 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Broncho-pneumonia  
Following aspiration of  
fluid at birth.

18. CONTRIBUTORY (SECONDARY) None (duration) yrs. mos. ds.

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

18. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

18. WAS THERE AN AUTOPSY? \_\_\_\_\_

18. WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) Geo. L. Thurman M. D.

11-22, 1930 (Address) Potosi, 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 Potosi, Mo. DATE OF BURIAL 11-22 1930

20. UNDERTAKER Bayer & Son ADDRESS Potosi

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. DEC 23 1930

