

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

Do not use this space.

2560

PLACE OF DEATH

County Randolph
Township Sugar Creek
City (No. _____) _____ St. _____ Ward _____

Registration District No. 735
Primary Registration District No. 3970

File No. _____
Registered No. 24

2. FULL NAME Elizabeth 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 <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u> |
|-------------------------|----------------------------------|--|

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 30th 1849

| | | | | |
|--------|-----------|----------|-----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
| | <u>81</u> | <u>6</u> | <u>25</u> | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home
(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) Mo 1

10. NAME OF FATHER Henry Glasscock

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Va 2

12. MAIDEN NAME OF MOTHER Mary Strother

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

14. INFORMANT John Lamb
(Address) Moberly Mo

15. FILED 1-27, 1931 Dr. Thos. S. Fleming
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 25th 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928 to Jan 25, 1931 that I last saw her alive on Jan 25, 1931, and that death occurred, on the date stated above, at 9:30 P.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

General Senility

(duration) 5 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 162
(duration) _____ yrs. _____ mos. _____ 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? Usual Clinical
(Signed) Paul C. Davis, M. D.

1-27th, 1931 (Address) Moberly 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 _____

Grand Prairie 1-27th 1931

20. UNDERTAKER Mahan and Son
ADDRESS Moberly Mo

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.

88
JAN 20 1931

