

APR 30 1931

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

Do not use this space.

8645

1. PLACE OF DEATH

County ADAIR
Township
City KIRKSVILLE MO (No.)

Registration District No. 4
Primary Registration District No. 3001

File No.
Registered No. 49
St. Ward)

2. FULL NAME ALEAPHA ANN LAMKIN

(a) Residence No. 614 S FLORANCE AVE 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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) JULY 15th 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 8 2

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work HOUSE KEEPING 275
(b) General nature of industry, business, or establishment in which employed (or employer) SELF HOME
(c) Name of employer SELF

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ANDERSON IND

PARENTS
10. NAME OF FATHER SAMUEL BROWN
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) IND
12. MAIDEN NAME OF MOTHER AMANDA EADS EZZAZOYELIN
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) IND

14. INFORMANT Mrs Chas Richards
(Address) 528 Washington Rd (Poplar St) Kirksville Mo

15. FILED 3/4, 19 31 Mrs C H Becker REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3 17 1931
17. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1931, to Mar 17, 1931 that I last saw her alive on Mar 17, 1931, and that death occurred, on the date stated above, at Kirksville Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy + Senility
82 A
97 (duration) yrs. mos. 16 ds.
CONTRIBUTORY (SECONDARY) Arterio Sclerosis
62 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED (D)
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) Ray M. Tracy M. D.
, 19 (Address) Kirksville 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 FOREST PARK DATE OF BURIAL 3-20 19 31

20. UNDERTAKER Wm H. Johnson ADDRESS

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.

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