

WHILE PRINTING, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUN 27 1931

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

Ramus
Do not use this space.
18627

1. PLACE OF DEATH
 County Macou Registration District No. 533
 Township Hudson Primary Registration District No. 5713
 City Macou (No.) St. Ward)

2. FULL NAME R. C. Lamb
 (a) Residence, No. St., Ward:

(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 26 - 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 7 16

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

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

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) Macou Co Mo

FATHER 13. NAME Jack Lamb

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co Mo

MOTHER 15. MAIDEN NAME Malinda Coultter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co Mo

17. INFORMANT Mrs Goldie Jones
 (ADDRESS) Bellemeath Ill

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Int Salem DATE May 14 31

19. UNDERTAKER Albert Starnes
 (ADDRESS) Macou

20. FILED 5/30 1931 Mrs Luke Hunkle
 Registrar.

MEDICAL CERTIFICATE OF DEATH

7

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12 1931

22. I HEREBY CERTIFY, That I attended deceased from May 1 1931 to May 12 1931
 I last saw h. alive on Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:
82 a
Hemorrhage Brain
 Date of onset:

Other contributory causes of importance:
82 a
 Name of operation Date of
 What test confirmed diagnosis? 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 19

Where did injury occur? (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) A. M. Russen M. D.
 (Address) Macou Mo
5/31

