WRITE PLAINLY, 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.

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

Do not use this space.

8573

1. PLACE OF DEATH
County Jackson — Registration District No. 39[illegible]
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. St. Joseph Hospital St. Ward)

File No. 1155
Registered No.

2. FULL NAME Herbert F. L. Lampe
(a) Residence, No. 4640 Virginia 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 6th, 1898

7. AGE: YEARS 33 — MONTHS 7 — DAYS 14 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Street Car
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: operator 113
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): St. Louis Mo.

FATHER
13. NAME: Frank Lampe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

MOTHER
15. MAIDEN NAME: Clara Hasseldick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

17. INFORMANT (ADDRESS): Mrs Irene Lampe 4640 Virginia

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis, Mo. DATE Mar. 20. 1932

19. UNDERTAKER (ADDRESS): R. V. Lindsey & Sons 3811 Broadway

20. FILED 3/20, 1932 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mch 20th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mch 18th, 1932, to Mch 20th, 1932
I last saw him alive on Mch 20th, 1932. Death is said to have occurred on the date stated above, at 5 20 A m.
The principal cause of death and related causes of importance were as follows:

Acute Intestinal Obstruction — Date of onset 3-18-32

121B 121 (1)

Other contributory causes of importance:
Adhesions in R. Iliac Fossa the result possible, from an attack of acute appendicitis some time past

Name of operation Gt. Car Aprotex Date of 3-20-32
What test confirmed diagnosis? Clinical & Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury none, 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? no
If so, specify none
(Signed) H V Cordry M D, M. D.
(Address) 805 Elmwood Ave