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.

NOV 2 3 1932

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

Do not use this space.

32109

1. PLACE OF DEATH

46 County Lowell — Registration District No. 384 — File No. 89

Township ~~Howell Twp.~~ — Primary Registration District No. 5535 — Registered No.

City ..... No. ..... St. ..... Ward)

2. FULL NAME Julia Ann Lamb

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: John D. Lamb

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 16" 1882.

7. AGE: YEARS 49 — MONTHS 11 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235
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): Lanton Missouri

FATHER

13. NAME: William Holloway
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): 31

MOTHER

15. MAIDEN NAME: Rebecca Freeman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

17. INFORMANT (ADDRESS): John D. Lamb West Plains, Mo. Lake Route

18. BURIAL, CREMATION, OR REMOVAL
PLACE State Line Center DATE Oct. 25" 1932

19. UNDERTAKER (ADDRESS): O L Lindsey (Acting)

20. FILED 10-26-1932 O. P. A. Heinrichs Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 24" 1932

22. I HEREBY CERTIFY, That I attended deceased from October 22" 1932, to October 23 1932

I last saw her alive on October 23" 1932 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage.
82 A
77
102

Date of onset

Other contributory causes of importance:
Arteriosclerosis and high blood pressure.

Name of operation none Date of ✓

What test confirmed diagnosis? Symptoms Was there an autopsy? No

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? No

If so, specify ✓

(Signed) P. A. Sparks, M. D.

(Address) West Plains, Missouri