

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

Do not use this space.

35 1. PLACE OF DEATH
County Dunklin Registration District No. 282 File No. 5267
Township Union Primary Registration District No. 5401 Registered No. 10
City..... (No.....) St..... Ward.....

2. FULL NAME Not named. Lamman
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22, 1933

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22 1933

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 hrs. or 30 min. 2 30

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AMB
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 -

Couldn't get a Doctor

Other contributory causes of importance: AMB

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Campbell MO

MOTHER FATHER 13. NAME Zalmar Lamman

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Campbell

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

MOTHER 15. MAIDEN NAME Eliseth Baker

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Malden MO

17. INFORMANT (ADDRESS) Zalmar Lamman Campbell MO

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Elder Cem DATE Feb 22 1933

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

19. UNDERTAKER (ADDRESS) No Service

(Signed) Zalmar Lamman Father
(Address) Campbell MO

20. FILED 2/22 1933 Benjamin D. Tapp Registrar

