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.

8961

1. PLACE OF DEATH
27 County Cooper — Registration District No. 218
2 Township — Primary Registration District No. 3015
City Boonville (No. ..... St. ..... Ward)
4

File No. .....
Registered No. ~~18~~ 20

2. FULL NAME James M. Lamm

(a) Residence, No. ..... 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18 - 1862

7. AGE — YEARS 70 — MONTHS 7 — DAYS 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
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) Wooldridge Mo

FATHER
13. NAME Alex Lamm
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co Mo

MOTHER
15. MAIDEN NAME Margaret Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co Mo

17. INFORMANT (ADDRESS) Mr Chas. Lamm Wooldridge Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clayton Cem. Cooper Co Mo DATE 3-2-1933

19. UNDERTAKER (ADDRESS) Goodman & Boller Boonville Mo

20. FILED 3/2 1933 G. A. Russell Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1 - 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-21-33, 19..., to 3-1-33, 19...
I last saw him alive on 3-1-33, 19... Death is said to have occurred on the date stated above, at 8:45 A.m.
The principal cause of death and related causes of importance were as follows:

Uremia
[illegible]
[illegible]
[illegible]

Date of onset

Other contributory causes of importance:
bronchial pneumonia

Name of operation none Date of .....
What test confirmed diagnosis? NPN 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) A. G. van Rauenswaay, M. D.
(Address) Boonville Mo.