

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

Do not use this space.

10769

PLACE OF BIRTH

County Randolph
Township Moberly
City Moberly (No. 319 E Rollins)

Registration District No. 735
Primary Registration District No. 3034

File No. _____
Registered No. 50
St. _____ Ward _____

2. FULL NAME

Maudie Lamb
(a) Residence No. 319 E. Rollins 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 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 Hugh Lamb
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 31st 1873
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 2 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Daniel Smothers

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Lucy Elsea

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14.

INFORMANT Hugh Lamb
(Address) Moberly, Mo

15.

FILED 3/15 1933 Thos J Fleming
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 13th 1933

17. I HEREBY CERTIFY, That I attended deceased from Mar 13 1933, to Mar 13 1933, that I last saw h. for alive on Mar 13 1933, and that death occurred, on the date stated above, at 12:35 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Coronary Thrombosis

(duration) yrs. mos. 2 1/2 ds.

CONTRIBUTORY (SECONDARY)

94 13

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clin signs & Symph
E. Smith (Signed) _____ M. D.

3-13-1933 (Address) Moberly, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Moberly, Mo

DATE OF BURIAL 3-14th 1933

20. UNDERTAKER

Mahan and Son

ADDRESS Moberly, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

APR 24 1933

