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

Do not use this space.

12681

1. PLACE OF DEATH
County Christian
Township Rock Lincoln
City ..... (No. ..... St. ..... Ward)

Registration District No. 182
Primary Registration District No. 5212

File No. .....
Registered No. .....

2. FULL NAME Vina Margaret Lahman

(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: 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 Emil Lahman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8-1880

7. AGE: Years 52 | Months 5 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME Benton Mitchell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Esther Messenger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Stella Salchrow
(ADDRESS) Billings - Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Smart DATE April 28, 1933

19. UNDERTAKER J. W. Maples
(ADDRESS) Clever - Mo

20. FILED 5-10, 1933 A. A. Marks
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 18, 1933 to Apr 18, 1933
I last saw her alive on Apr 18, 1933. Death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
aortic regurgitation	

Other contributory causes of importance:
failing compensation from endocarditis,

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

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) D. F. Brown, M. D.
(Address) Billings, Mo

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.

WRITE PLAINLY, WITH STAMPING INK—THIS IS A PERMANENT RECORD

MAY 22 1933