25509

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

Do not use this space.

1. PLACE OF DEATH
County: Adair — Registration District No.: 4 — File No.:
Township: — Primary Registration District No.: 3001 — Registered No.: 142
City: Kirksville (No. ..., ... St. ... Ward)

2. FULL NAME: Agnes Reed Lamb
(a) Residence, No. 507 E. Missouri St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 83 yrs. 3 mos. 13 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: Chas A Lamb
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4-23-1850
7. AGE: YEARS 83 — MONTHS 3 — DAYS 12 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home
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): Ohio

FATHER
13. NAME: J. C. Jones.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Unknown.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): W. H. Jones, 620 S. Osteopathy, Kirksville
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Highland Pk. DATE: Aug 7 1933
19. UNDERTAKER (ADDRESS): Dee Riley, Kirksville Mo
20. FILED 8/15 1933 H Becker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 5, 1933
22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1933, to Aug. 5, 1933
I last saw her alive on Aug. 5, 1933. Death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	Feb 1 1933
131	

Other contributory causes of importance: 131

Name of operation: None — 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) [signature], M. D.
(Address) Kirksville

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.

SEP 26 1933

1933- 8- 5
1850- 4- 23
83- 3= 12