

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.

NOV 10 1933

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

Do not use this space.

37338

1. PLACE OF DEATH

County Stevenson Registration District No. 615
Township Stevenson Primary Registration District No. 5817
City Stevenson (No. _____) St. _____ Ward _____

File No. 18
Registered No. _____

2. FULL NAME

William Harry Lambkins
(a) Residence, No. Diamond Mo. Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Wk</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Mar.</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Eliza Lambkins</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 27 - 1884</u>				
7. AGE YEARS <u>48</u>	MONTHS <u>—</u>	DAYS <u>4</u>	If LESS than 1 day, hrs. min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>"</u>			
	10. Date deceased last worked at this occupation (month and year) <u>7 yrs ago</u>			
11. Total time (years) spent in this occupation <u>—</u>				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>South Ottawa Ill.</u>				
MOTHER FATHER	13. NAME <u>Harry Lambkins</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record</u>			
	15. MAIDEN NAME <u>No Record</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record</u>			
17. INFORMANT <u>Mr. Harry Wood</u> (ADDRESS) <u>Diamond, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>First Meys. Park</u> DATE <u>Nov. 3 1933</u>				
19. UNDERTAKER <u>The Frank Perry Co.</u> (ADDRESS) <u>Joplin, Mo.</u>				
20. FILED <u>Nov 3 1933</u> <u>W. O. Hepburn</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from Oct 23, 1933, to Nov. 1, 1933
I last saw him alive on Oct 26, 1933. Death is said to have occurred on the date stated above, at 7:30 P.M.
The principal cause of death and related causes of importance were as follows:
Arteriosclerosis
Date of onset Not known

Other contributory causes of importance:
97 97

Name of operation none Date of _____
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) R. T. C. Atham, M. D.
(Address) Diamond Mo.

