

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

Do not use this space.

40255

1. PLACE OF DEATH

County Jackson Registration District No. 322
 Township Kaw Primary Registration District No. 140
 City Kansas City (No. 3324) Virginia St. Ward

File No.
 Registered No. 5064

2. FULL NAME

Mrs. Jennie Lamm
 (a) Residence, No. 3324 Virginia St. Ward
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 40 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) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 5 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At 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) Lancaster Pa.

13. NAME A. S. Bowers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

15. MAIDEN NAME Mary E. Fulerton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

17. INFORMANT Mrs. S. C. Garrett
 (ADDRESS) 3324 Virginia, K. C. Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Elmwood DATE 12/27/33

19. UNDERTAKER Freeman Mortuary
 (ADDRESS) Kansas City, Mo.

20. FILED 12/26 1933 M. M. Browne
Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26 '33

22. I HEREBY CERTIFY, That I attended deceased from June 10 1933, to Dec 25, 1933
 I last saw her alive on Dec 25, 1933 Death is said to have occurred on the date stated above, at 8.00 a.m.

The principal cause of death and related causes of importance were as follows:
Peritonitis acute following rupture of ulcer of duodenum
12/25/33
 Date of onset Dec 25 1933
 Other contributory causes of importance: Myocarditis with hypertrophy
1170

Name of operation None Date of
 What test confirmed diagnosis? Physical 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) John W. Nelson, M. D.
 (Address) 517 S. Tucker St. Bldg

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.

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Dr. John W. Nixon
Shubert Bldg.