

JUL 22 1934

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

Do not use this space.

1. PLACE OF DEATH

County Jackson

Registration District No. 398

Township Independence

Primary Registration District No. 3019

City Independence (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Anna A. Lampher

(a) Residence, No. 1131 South Pearl St. 3rd Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 32707

Registered No. 330

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 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 F. W. Lampher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19-1881

7. AGE YEARS 53 MONTHS 7 DAYS 10 If LESS than 1 day, hrs. or min.

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. at home

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) Greentown Iowa

13. NAME Robt. Kirkwood

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

15. MAIDEN NAME Mary Webb

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

17. INFORMANT F. W. Lampher (ADDRESS) 1131 S. Pearl St.

18. BURIAL, CREMATION, OR REMOVAL Independence Marion Home Indep. Oct 4 1934

19. UNDERTAKER Ott + Mitchell (ADDRESS) Independence

20. FILED 10-5- 1934 H. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Dr. E. E. ... 19...

I last saw him alive on ... 19... Death is said to have occurred on the date stated above, at 3:29 p.m.

The principal cause of death and related causes of importance were as follows:

Asphyxia  
Carbon Monoxide  
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Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Accident. 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 Gas burner in bathroom

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Vincent ... M. D.

(Address) 813 - ...

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.

