

MAR 20 1935

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

Do not use this space.

4381

## 1. PLACE OF DEATH

County Buchanan Registration District No. 93 File No. \_\_\_\_\_  
Township Crawford Primary Registration District No. 5124 Registered No. \_\_\_\_\_  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Sarah Jane Lamar

(a) Residence, No. 4 miles west-Faucett, St. Mo. Ward. \_\_\_\_\_ (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thomas Lamar</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 7, 1850</u>		
7. AGE YEARS <u>84</u>	MONTHS <u>10</u>	DAYS <u>4</u>
If LESS than 1 day, ..... hrs. or ..... min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>		
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..... <u>64yr</u>

12. BIRTHPLACE (CITY OR TOWN) Buchanan County  
(STATE OR COUNTRY) Missouri13. NAME William A. Bush14. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Kentucky15. MAIDEN NAME Easter Ann Williams16. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Kentucky17. INFORMANT Mr. E. A. Lamar  
(ADDRESS) Faucett, Mo.18. BURIAL, CREMATION, OR REMOVAL  
PLACE Turner Cemetery DATE Feb. 13, 193519. UNDERTAKER Heston Be Gale + Bowman  
(ADDRESS) St. Joseph, Mo.20. FILED 2/12/ 1935 W. S. Skell  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11, 193522. I HEREBY CERTIFY, That I attended deceased from  
Feb 4, 1935, to Feb 11, 1935.I last saw her alive on Feb 10, 1935. Death is saidto have occurred on the date stated above, at 10:00 p. m.

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

Cerebral HemorrhageDate of onset  
Feb. 4, 1935

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical 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?.....

If so, specify.....

(Signed) J. R. Peters, M. D.(Address) Wallace, 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.

