

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

Do not use this space.

6243

MAR 27 1935

**1. PLACE OF DEATH**

County Northway  
Township Lincoln  
City..... (No.....)

Registration District No. 5823 621  
Primary Registration District No. 621 5823

File No.....  
Registered No.....  
St..... Ward)

**2. FULL NAME**

Ida Isabell Lamb

(a) Residence, No..... St..... Ward.....  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. 40 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

|   |   |   |  |  |
|---|---|---|--|--|
| 3. SEX<br><u>Female</u>   | 4. COLOR OR RACE<br><u>White</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widowed</u> |  |  |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rhuben Lamb</u>               |   |   |  |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 6 1863</u>                                     |   |   |  |  |
| 7. AGE  | YEARS<br><u>72</u>  | MONTHS<br><u>2</u>  | DAYS<br><u>16</u>                                    | IF LESS than 1 day, ..... hrs. or ..... min. |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</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..... |  |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>L. Co. Iowa</u>                           |   |   |  |  |
| FATHER  | 13. NAME <u>George Atherton</u>   |   |  |  |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dorset River</u>  |   |  |  |
| MOTHER  | 15. MAIDEN NAME <u>Rebecca Jane Price</u>   |   |  |  |
|   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dorset River</u>  |   |  |  |
| 17. INFORMANT <u>G. S. Lamb</u><br>(ADDRESS) <u>Lincoln Mo</u>                                |   |   |  |  |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>Swiss Grove Cem. Co</u> DATE <u>Feb 24 1935</u> |   |   |  |  |
| 19. UNDERTAKER <u>Price Funeral Co</u><br>(ADDRESS) <u>Mayville Mo</u>                        |   |   |  |  |
| 20. FILED <u>Feb 23 1935</u> <u>Clara D. Horn</u><br>Registrar.                               |   |   |  |  |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 11 1935 to Feb 22 1935  
I last saw h. alive on Feb 22 1935 Death is said to have occurred on the date stated above, at 5:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia  
Date of onset Feb 15, 35

Other contributory causes of importance:  
Hypertension  
Chronic Myocarditis  
Chronic Adenocarcinoma

Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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) B. J. Byland, M. D.  
(Address) Burlington Ia Mo

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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