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.

APR 15 1935

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

Do not use this space.

8279

1. PLACE OF DEATH

14 County Callaway — Registration District No. 104 — File No.

2 Township — Primary Registration District No. 3008 — Registered No. 56

7 City Fulton (No. , St. Ward)

2. FULL NAME Emmaline Lamp

(a) Residence, No. County House, Rails Co. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF DK.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
Abt. 84	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~DK~~ Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. DK

10. Date deceased last worked at this occupation (month and year) DK

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK.

FATHER

13. NAME DK.

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

MOTHER

15. MAIDEN NAME DK.

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

17. INFORMANT (ADDRESS) Hosp. Records

18. BURIAL, ~~CREMATION,~~ OR REMOVAL

PLACE Marble Creek DATE DK 19

19. UNDERTAKER (ADDRESS) H. M. Piper New London Mo

20. FILED Mar 4 1935 R. N. Cress Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 — 2 — 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 17th, 1935, to Mar. 2nd, 1935

I last saw her alive on March 1st, 1935. Death is said to have occurred on the date stated above, at 6:55 a.m.

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

	Date of onset
Myocardial Degenerations	—
93C	
Other contributory causes of importance:	
Chr. Myocarditis	
Senility	—

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? — 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) Thos. A. Hopkins, M. D.

(Address) State Hosp No 1 Fulton Mo.