

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

Do not use this space.

APR 24 1935

10148

**1. PLACE OF DEATH**

County Phelps  
Township \_\_\_\_\_  
City Rolla (No. Rolla Hospital)

Registration District No. 677  
Primary Registration District No. 4403

File No. \_\_\_\_\_  
Registered No. 33 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Geneva Lamascus Lambam

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 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 (OR) WIFE OF <u>Orvil James Lambam</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 15, 1909</u>		
7. AGE	YEARS <u>25</u>	MONTHS <u>5</u>
	DAYS <u>-</u>	If LESS than 1 day, .....hrs. or .....min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation <u>2</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Housewife</u>
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) Steelville, Mo. (STATE OR COUNTRY)

13. NAME John Lamascus

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

15. MAIDEN NAME Dora Halbert

16. BIRTHPLACE (CITY OR TOWN) Steelville, Mo. (STATE OR COUNTRY)

17. INFORMANT Mrs. Viola West (ADDRESS) Steelville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sullivan, Mo. DATE March 16, 1935

19. UNDERTAKER Thos. P. Shaffer (ADDRESS) Sullivan, Mo.

20. FILED March 16, 1935 Jos. F. Myers Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March - 15<sup>th</sup>, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 15<sup>th</sup>, 1935, to March 15, 1935  
I last saw her alive on March 15, 1935. Death is said to have occurred on the date stated above, at 10 P.M.

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

Purpural eclampsia Date of onset \_\_\_\_\_  
None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) Adamee McFadden, M. D.  
(Address) Rolla, 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.

