

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

Do not use this space.

SEP 25 1935

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Jaw Primary Registration District No. 1002
 City Kansas City (No. 3501 E, 12th) St. Ward

2. FULL NAME Lattie O. Lamar
 (a) Residence, No. 3501 E, 12th St. Ward
 (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.

23331

File No. _____
 Registered No. 3092
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30-1856

7. AGE YEARS 79 MONTHS 1 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

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

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) South Bend Ind

13. NAME James O. Riley

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Netta Brown (ADDRESS) 3501 E. 12th

18. BURIAL, CREMATION, OR REMOVAL Brown lawn DATE 8-2-35

19. UNDERTAKER Eyler Funeral Home (ADDRESS) 72 E. 2nd

20. FILED 8-2 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/1/34, 1934, to 7/31/35, 1935.
 I last saw him alive on 7/31-35, 1935. Death is said to have occurred on the date stated above, at 8:50 P m.
 The principal cause of death and related causes of importance were as follows:
Uremic Poisoning, cerebral apoplexy
 Other contributory causes of importance:
Cerebral apoplexy, hypertension, arteriosclerosis, chronic myocarditis, nephritis, etc.
 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) Dr. John A. Shell M.D.
 (Address) 820 E. 31st St

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.

P. Va 3610