

OCT 2 2 1935

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

Do not use this space.

29196

1. PLACE OF DEATH

County Franklin Registration District No. 297
Township..... Primary Registration District No. 3016
City Washington, Mo (No.....) St..... Ward.....

File No.....

Registered No. 1042. FULL NAME Henry G. Lamke

(a) Residence, No. 5th & Cedar Streets, Washington, Mo
(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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Theresa Kopp</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>September 10, 1853</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>0</u>	DAYS <u>13</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>Stone Mason</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) Franklin County
(STATE OR COUNTRY) Missouri.

MOTHER FATHER	13. NAME <u>Christ Lamke</u>
	14. BIRTHPLACE (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)
	15. MAIDEN NAME <u>Not known</u>
	16. BIRTHPLACE (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)

17. INFORMANT Clemence Lamke
(ADDRESS) Washington, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington, Mo. DATE Sept. 26, 193519. UNDERTAKER Otto & Co.
(ADDRESS) Washington, Mo.20. FILED Sept. 25 - 1935 W. A. Murray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/23 193522. I HEREBY CERTIFY, That I attended deceased from Jan 1 1935 to Sept 23 1935
Last saw him alive on 9/22/35, 19..... Death is saidto have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:Corrosion of the stomach Date of onsetOther contributory causes of importance NO

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

What test confirmed diagnosis?..... Was there an autopsy? NO23. 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) [Signature], M. D.(Address) Washington

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.

