

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.

JUN 27 1936

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125 File No. 18785  
Township " Primary Registration District No. 3009 Registered No. 157  
City Cape Girardeau (No.         ), 629 Morgan Oak St.          Ward         

2. FULL NAME Ida Welhemina Lampe

(a) Residence, No. 629 Morgan Oak 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

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 HUSBAND OF (OR) WIFE OF <u>F. H. Lampe</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 9, 1873</u>		
7. AGE YEARS <u>62</u>	MONTHS <u>6</u>	DAYS <u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>        </u>		
10. Date deceased last worked at this occupation (month and year) <u>        </u>		11. Total time (years) spent in this occupation <u>        </u>
12. BIRTHPLACE (CITY OR TOWN) <u>Dutchtown, Mo.</u> (STATE OR COUNTRY)		
13. NAME <u>John Schwab</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>Dutchtown, Mo.</u> (STATE OR COUNTRY)		
15. MAIDEN NAME <u>Elizabeth Eggiman</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>Dutchtown, Mo.</u> (STATE OR COUNTRY)		
17. INFORMANT <u>F. H. Lampe</u> (ADDRESS) <u>Cape Girardeau, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Salem Cemt.</u> DATE <u>May 14, 1936</u>		
19. UNDERTAKER <u>Haman's Funeral Home</u> (ADDRESS) <u>Cape Girardeau, Mo.</u>		
20. FILED <u>5-11-36 J. M. Simpson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 10<sup>th</sup>, 1936, to May 11<sup>th</sup>, 1936  
I last saw her alive on May 11<sup>th</sup>, 1936. Death is said to have occurred on the date stated above, at 6:20 P.  
The principal cause of death and related causes of importance were as follows:  
apoplexy  
arteriosclerosis

Date of onset May 10<sup>th</sup> 1936

Other contributory causes of importance:         

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) J. R. Dehler, M. D.  
(Address) Cape Girardeau, Mo.

