

MAR 13 1937

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

Do not use this space.

6201

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 6201
Township Kauv Primary Registration District No. 1002 Registered No. 1002
City Kansas (No. 1, Marcy Hospital) St. 1 Ward

2. FULL NAME Sylvester Lamb

(a) Residence, No. Excelsior Springs Mo 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19, 1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
13 / 14 / 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. child
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) Excelsior Springs Mo

13. NAME Lamb

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Mo

15. MAIDEN NAME unborn

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

17. INFORMANT (ADDRESS) Claude Prichard

18. BURIAL, CREMATION, OR REMOVAL PLACE Excelsior Springs DATE Feb 1 1937

19. UNDERTAKER (ADDRESS) Claude Prichard

FILED 71 37 m.m Ordway Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-30 1937

22. I HEREBY CERTIFY, That I attended deceased from Hyatt Brown, 1937

I last saw him live on 3P, 1937 Death is said to have occurred on the date stated above 3P m.

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

Congenital syphilis Date of onset _____

Other contributory causes of importance: no

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 _____

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) C. Prichard, M. D.

(Address) Excelsior Springs Mo

very item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

