

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

Do not use this space.

MAY 15 1937

15023

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 3329, Spruce St. _____ Ward) _____

2. FULL NAME Betty Dean Lamb Betty Dean LAMB
 (a) Residence, No. 3329 Spruce Avenue 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 Fe 4. COLOR OR RACE Wh 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) March 2, 1924.

7. AGE YEARS 13 MONTHS -- DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. At Home and
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School girl.
 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) Lee's Summit

FATHER
 13. NAME Thomas C. Lamb
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lee's Summit

MOTHER
 15. MAIDEN NAME Florence Acock
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leeds Missouri

17. INFORMANT Thomas C. Lamb
 (ADDRESS) 3329 Spruce Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lee's Summit Mo DATE April 2, 1937

19. UNDERTAKER Melody-McGilley
 (ADDRESS) K.C. Mo.

20. FILED Apr 1, 1937 M. M. Brown
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 1937

22. I HEREBY CERTIFY That I attended deceased from March 5, 1937, March 31, 1937
 I last saw her alive on March 26, 1937 Death is said to have occurred on the date stated above, at 7:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset March 5, 1937
108

Other contributory causes of importance:
Hydrothorax March 12, 1937

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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) Kenneth A. Davis, M. D.
 (Address) 3301 Woodland
Kansas City, 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.

