

MAY 17 1937

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

Do not use this space.

15562

1. PLACE OF DEATH

2 County *Andrew*
5 Township
2 City *Savannah* (No.) St. Ward)

Registration District No. *13*
Primary Registration District No. *4010*

File No.
Registered No.

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m* 4. COLOR OR RACE *w* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *m*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Bordelia Lamb*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 28 - 1862*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 7 7

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Section Foreman*

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) *St. Joe Mo*

13. NAME *Patrick Lamb*

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

15. MAIDEN NAME *Mary Bates*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

17. INFORMANT *John Lamb* (ADDRESS) *Horton Kansas*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Savannah* DATE *4 - 7* 1937

19. UNDERTAKER *E. B. Breit* (ADDRESS) *Savannah Mo*

20. FILED *April 7* 1937 *Mrs C R Stine* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4 - 5* 1937

22. I HEREBY CERTIFY, That I attended deceased from *April 3* 1937 to *April 5* 1937

I last saw him alive on *April 3* 1937. Death is said

to have occurred on the date stated above, at *3:15* a.m.

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

apoplexy Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify (Signed) *Walter P. Myers* M. D.

(Address) *Savannah Mo*

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.

