

NOV 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Emery Registration District No. 477 File No. 38086
Township Canton Primary Registration District No. 4286 Registered No. 104
City Canton (No) St. _____ Ward _____

2. FULL NAME Frank R. Lammerson

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

Length of residence in city or town where death occurred 50 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dora D. Street

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10 - 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, min. or more, min.
66 2 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent

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) Oct. 7 - 1937 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cambridge, Maryland

13. NAME William R. Lammerson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

15. MAIDEN NAME Wilhelmina Wanner

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

17. INFORMANT (ADDRESS) Mrs. Dora D. Lammerson, Canton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Canton DATE 10-10 1937

19. UNDERTAKER (ADDRESS) W. D. Kelly, Canton Mo.

20. FILED Oct. 8, 1937 H. W. Harris Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1937, to Oct. 7, 1937

I last saw him alive on Oct. 7, 1937 Death is said to have occurred on the date stated above, at 5:10 p. m.

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

Coronary Thrombosis
Date of onset 9/12

Other contributory causes of importance: Acute Indigestion

Name of operation none Date of _____
What test confirmed diagnosis? clinical 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) P. W. Jennings, M. D.
(Address) Canton, Missouri

Exact statement of OCCUPATION is very important. Do not leave blank, so that it may be properly classified.

