

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.

DEC 23 1937

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

Do not use this space.

## 1. PLACE OF DEATH

 County Newton Registration District No. 609  
 Township Neosho Primary Registration District No. 4363  
 City Neosho (No. 436 West Adam) St. \_\_\_\_\_ Ward \_\_\_\_\_

41995

 File No. \_\_\_\_\_  
 Registered No. 129
2. FULL NAME Joseph Humphrey Lamar
 (a) Residence, No. 436 West Adam 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

3. SEX <u>Male</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 <u>Lena Lamar</u> <del>WIFE OF</del>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>February 19, 1880</u>				
7. AGE	YEARS <u>57</u>	MONTHS <u>8</u>	DAYS <u>28</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	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) _____			
				11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) <u>Pratt County</u> (STATE OR COUNTRY) <u>Kansas</u>				
FATHER	13. NAME <u>Henry Lamar</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Unknown</u>			
MOTHER	15. MAIDEN NAME <u>Elia Shadwick</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Missouri</u>			
17. INFORMANT <u>Lena Lamar</u> (ADDRESS) <u>436 W. Adam St. Neosho Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dakwood Cemetery</u> DATE <u>11-29</u> , 19 <u>37</u>				
19. UNDERTAKER <u>Orley Thompson</u> (ADDRESS) <u>Neosho Missouri</u>				
20. FILED <u>12-6</u> , 19 <u>37</u> <u>Smallville</u> Registrar.				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Nov, 27</u> , 19 <u>37</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>11-27</u> , 19 <u>37</u> , to <u>11-27-37</u> , 19 <u>37</u> . I last saw him alive on <u>11-27-37</u> , 19 <u>37</u> . Death is said to have occurred on the date stated above, at <u>4-30P</u> . The principal cause of death and related causes of importance were as follows: <u>Cerebral hemorrhage - left side</u> <u>Arteriosclerosis</u>
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 <u>37</u> . 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) <u>M. C. Bowman</u> , M. D. (Address) <u>Neosho, Missouri</u>

