

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

Do not use this space.

1. PLACE OF DEATH

94

County St. Francois
Township St. Francois
Near Farmington
City Farmington (No. _____ St. _____ Ward _____)

Registration District No. 773
Primary Registration District No. 6018A

File No. 3950
Registered No. 6

2. FULL NAME - Mrs. Ida B. Lahey 000

(a) Residence, No. St. Louis, Mo. St. _____ Ward _____ (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 7 12

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

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) (STATE OR COUNTRY) Missouri

13. NAME Isaac Lambert

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

15. MAIDEN NAME America Newman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana Missouri

17. INFORMANT State Hospital #4 Records
(ADDRESS) Farmington Mo.

18. BURIAL, CREMATION, OR REMOVAL Catholic Cemetery DATE Jan. 4th, 1938
PLACE Farmington, Mo.

19. UNDERTAKER Neidert Undertaking Co.
(ADDRESS) Farmington, Missouri

20. FILED Jan 4 1938 J. J. Robison Registrar. 777 (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3rd, 1938

I HEREBY CERTIFY, That I attended deceased from September 4, 1933, to January 3rd, 1938.

I last saw her alive on January 3, 1938. Death is said to have occurred on the date stated above, at 6:45 P.M.

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

Polylary carcinoma of oropharynx (basaloid type) Date of onset 9/10/37

Other contributory causes of importance: Dementia Praecox, Paranoid type 8/15/31

Name of operation Radical mastectomy Date of 11/24/37
What test confirmed diagnosis? Alcohol stain 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) C. C. Ault, M. D.
Farmington, 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.

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH