

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

19781

Do not use this space.

1. PLACE OF DEATH

(APR 23 1938)  
 (a) County JACKSON Registration District No. 1002  
 (b) Township KAW Primary Registration District No. \_\_\_\_\_  
 (c) City KANSAS CITY (d) Street No. 5911 LOCUST Registered No. 1246  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

JAMES PATRICK LAMB 510  
 (a) Residence, No. 5911 LOCUST St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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 HELEN GRIFFIN LAMB  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 8 - 1870  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 67 4 11  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. PUBLIC  
 9. Industry or business in which work was done, as saw mill, bank, etc. ACCOUNTANT  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 1  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PENN - 5  
 FATHER 13. NAME PHILLIP LAMB 1  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND  
 MOTHER 15. MAIDEN NAME MARY UNKNOWN  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW YORK  
 17. INFORMANT MRS. HELEN GRIFFIN LAMB  
 (ADDRESS) 5911 LOCUST  
 18. BURIAL, CREMATION, OR REMOVAL PLACE MT. ST. MARYS DATE MAR. 21 1938  
 19. FUNERAL DIRECTOR D. W. NEWCOMER & SONS  
 (ADDRESS) BRUSH CREEK & PASEO  
 20. FILED Mar 20 1938 M. M. Curver, cash  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR. 19 1938  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_  
 I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on \_\_\_\_\_ stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Coronary sclerosis  
Chronic diffuse myocardial fibrosis  
 Other contributory causes of importance: \_\_\_\_\_  
 Date of onset \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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?  
 If so, specify \_\_\_\_\_  
 (Signed) W. B. Brubaker, M. D.  
 (Address) Gen. Hosp., H. C. Mo

WRITE CLEARLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

I X12000

STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Nell Carr  
Licensed Embalmer No. 3976

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**