

NOV 23 1938

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

36218
Do not use this space.

1. PLACE OF DEATH -

(a) County Swingston Registration District No. 508
 (b) Township Rich Hill Primary Registration District No. 5-685 Registered No. _____
 (c) City _____ (d) Street No. _____ St. _____
 (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 Bora G Wampler

(a) Residence, No. _____ 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 Female
 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 William Wampler
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-14-72
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
65- 10 0

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as 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) Indiana

FATHER
 13. NAME William Lambke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sidney Ohio

MOTHER
 15. MAIDEN NAME Gydia McClain

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

17. INFORMANT (ADDRESS) Mary Thompson
Chillicothe Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wheeling DATE Oct-16-1938

19. FUNERAL DIRECTOR (ADDRESS) James D Gordon
Chillicothe Mo

20. FILED 10/19/1938 Daniel M. Maxwell Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-14-1938

22. I HEREBY CERTIFY that I attended deceased from Oct 10 1938 to Oct 17 1938
 I last saw her alive on Oct 17 1938 Death is said to have occurred on the date stated above, at 6:30 m.
 The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis
 1930
 Date of onset

Name of operation _____ Date of _____
 What test confirmed diagnosis? renal 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) B. P. Letic, M. D.
Chillicothe Mo (Address)

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.

STATEMENT BY LICENSED EMBALMER

I, James D Gordon, Licensed Embalmer No. 1870

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 James D Gordon
Licensed Embalmer No. 1870

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.)