

NOV 15 1938

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

36525  
Do not use this space.

1. PLACE OF DEATH

(a) County Shelby Registration District No. 680  
 (b) Township Smyth Creek Primary Registration District No. 596  
 (c) City Edgar Springs Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (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 Andrew Jackson Lamar  
 (a) Residence, No. 4739 Edgar Springs St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Martha E. Lamar

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16, 1862

7. AGE YEARS 76 MONTHS 8 DAYS 21 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant Retd.

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) Edgar Springs Mo

FATHER

13. NAME William Lamar

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edgar Springs Mo

MOTHER

15. MAIDEN NAME Sarah Heavins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edgar Springs Mo

17. INFORMANT Mrs Alpha Davidson (ADDRESS) Edgar Springs

18. BURIAL, CREMATION, OR REMOVAL PLACE Edgar Springs DATE Oct. 9 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Roller & Son Edgar Springs

20. FILED Nov. 10 1938 Alpha Caffee Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7 1938

22. I HEREBY CERTIFY, That, I attended deceased from Sept 1938, to Oct 7 1938

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 1:45 p. m.

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

Jan 1938  
Uremia  
and Prostration

Other contributory causes of importance: \_\_\_\_\_

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\_\_\_\_

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 W. T. Dickerson, M. D.  
(Signed) \_\_\_\_\_ (Address) Edgar Springs 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.

X14223

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

*Personally*

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

*S. E. New*

Licensed Embalmer No. ....

*3397*

P. O. Address .....

*Rosenwald*

**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.)**

**If this body is not embalmed, above space should be left blank.**