

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.

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

42116
Do not use this space.

1938

1. PLACE OF DEATH

(a) County Adair Registration District No. 4

(b) Township 1 Primary Registration District No. 3001 Registered No. 239

(c) City Kirkville (d) Street No. 416 E. Jefferson St. 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 Hettie Lamb

(a) Residence, No. 416 E. Jefferson St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15, 1869

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

69 5 9

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

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) Dec. 14, 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon County, Mo.

13. NAME Geo. Alfred Coulter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. Kentucky

15. MAIDEN NAME Synthia Andrews

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon County, Mo.

17. INFORMANT Mrs. F. H. Whilis (ADDRESS) Webster Grove, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Macon, Mo. DATE Dec. 24, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Davis Funeral Home, Kirkville, Mo.

20. FILED Dec. 24, 1938 Spencer L. Freeman Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1938, to Dec. 23, 1938

I last saw her alive on Dec - 23, 1938. Death is said to have occurred on the date stated above, at 8:20 p. m.

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

Pneumonia and Complications (bronchial)

Date of onset 1938 Dec. 11

Other contributory causes of importance: 107 N

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? no.

If so, specify _____

(Signed) U. B. Harrison M.D., Mo.

(Address) Kirkville, Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-38-812

Date Filed 1/16/39

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,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

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.