

REC'D FEB 11 1939

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

3276

Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 609
(b) Township Neosho Primary Registration District No. 4363 Registered No. 7
(c) City Neosho (d) Street No. Salmon Hospital 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. moa. ds.

2. PRINT FULL NAME

Alexander L. Lamson
(a) Residence, No. 332 Coler St. 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marques Lamson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 2, 1866

7. AGE YEARS 73 MONTHS 0 DAYS 9 IF LESS THAN 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Barber
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) Unknown
(STATE OR COUNTRY) KentuckyFATHER 13. NAME Samuel Lamson14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) KentuckyMOTHER 15. MAIDEN NAME Mildred Stallions16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Kentucky17. INFORMANT (ADDRESS) Nella Lamson
Neosho Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Neosho F.O.P. Cem. DATE 1-13-3919. FUNERAL DIRECTOR (NAME) Leola Thompson
(ADDRESS) Neosho Mo.20. FILED 1-21-39 Wm. A. Salmon Local Registrar. 54 (Address) Neosho Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-11-193922. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1938, to Jan 11, 1939I last saw him alive on Jan 11, 1939. Death is saidto have occurred on the date stated above, at 1 P. m.

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

Chronic myocarditis
+ arterio sclerosis

Date of onset

Nov 1
1938

Other contributory causes of importance: 93C

Arterio sclerosis for years
+ hypertension

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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) A. L. Lamson, M. D.(Address) Neosho 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.

missed
1/21/21

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,

Barley Thompson

....., or by

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

Signed *Barley Thompson*

Licensed Embalmer No. *3259*

P. O. Address *Neosho Mo.*

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.