

REC'D MAR 1 0 1939

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

7331  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Newton Registration District No. 409  
(b) Township Neosho Primary Registration District No. 3808 Registered No. 18  
(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 560 Melvin Lee Lamar

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 29, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
1 1 3

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

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) Neosho 0  
(STATE OR COUNTRY) Missouri

13. NAME John Lamar 0

14. BIRTHPLACE (CITY OR TOWN) Goodman 1  
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Hannah Butler

16. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Arkansas

17. INFORMANT John Lamar  
(ADDRESS) Neosho Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Kenney Cemetery DATE Feb. 3 1939

19. FUNERAL DIRECTOR (NAME) Corley Thompson  
(ADDRESS) Neosho Missouri

20. FILED 2-3 1939 Donald S. Salter, M.D. Local Registrar. 543

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 2 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1939, to Feb. 1, 1939  
I last saw him alive on Feb. 1, 1939. Death is said to have occurred on the date stated above, at 6:30 A.M.  
The principal cause of death and related causes of importance were, as follows:

Bronchial pneumonia Date of onset

Other contributory causes of importance:

Malnutrition

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) C. E. Majors, M. D.

(Address) Neosho, Mo.

107a

**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 Gail R. Gay

Registered Apprentice No. 189, working under my personal supervision.

Signed Barry 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.**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

7381  
Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 609  
(b) Township Mesho Primary Registration District No. 3808 Registered No. ....  
(c) City ..... (d) Street No. .... (If death occurred in Hospital or Institution, write its name instead of street and number) 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

Melvin Lee Hamar  
(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 m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) .....  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 1 3  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ....  
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) .....  
13. NAME .....  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....  
15. MAIDEN NAME .....  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....  
17. INFORMANT (ADDRESS) .....  
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....  
19. FUNERAL DIRECTOR (ADDRESS) .....  
20. FILED 19.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-2, 1939  
22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....  
I last saw h. .... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.  
The principal cause of death and related causes of importance were as follows:  
Bronchial Pneumonia Date of onset .....  
no measles, etc  
malnutrition  
(starvation)  
(Improper food care)  
Other contributory causes of importance: 1939  
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 O. E. maness, M. D.  
(Signed) Woods (Address) mo

SUPPLEMENT

RECIPIENT SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAWS OF MISSOURI. EXACT STATEMENT OF OCCURRENCE IS VERY IMPORTANT.

