WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

I X16605

REC'D APR 11 1939

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

11450
Do not use this space.

1. PLACE OF DEATH
(a) County Bevington 2 Registration District No. 508
(b) Township or City Chillicothe 1 Primary Registration District No. 3026 Registered No. 27
(c) (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 510 William Lamb
(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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Vina Lamb
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-1-1870
7. AGE YEARS 64 MONTHS 6 DAYS 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Butcher
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) Chillicothe Mo

FATHER
13. NAME Edward A. Lamb
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME America Manning
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass

17. INFORMANT (ADDRESS) Vina Lamb Chillicothe Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE 3/3 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) James D Gordon Chillicothe Mo
20. FILED 3-6- 1939 Donald M Dowell M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-1- 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1939 to March 1 1939
I last saw him alive on Feb 28 1939. Death is said to have occurred on the date stated above, at 6-9 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurism of transverse arch (ruptured)	3/1/39
Other contributory causes of importance: Liver 34	1919

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical signs 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) M. M. Kinnell M.D., M.D.
(Address) Chillicothe Mo

(Licensed Embalmer's Statement on Reverse Side)

District Health Office No. 11,
District File Number 39-215
Date Filed APR 6 1939

AUG 21 1950

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 James D Gordon, Registered Apprentice No. —
working under my personal supervision.

Signed James D Gordon

Licensed Embalmer No. 1870

P. O. Address Chillicothe Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

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