

REC'D SEP 14 1939

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

29785

Do not use this space.

1. PLACE OF DEATH
(a) County New Madrid Registration District No. 605
(b) Township Cosmo Primary Registration District No. 4359 Registered No. _____
(c) City _____ (d) Street No. _____
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Fred 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 M 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown
month & date unknown year 1887

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
52 unknown unknown

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) unknown 9

FATHER
13. NAME unknown 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 9

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) James Williams
Caton 216

18. BURIAL, CREMATION, OR REMOVAL PLACE Caton Cem DATE Aug 14 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) none

20. FILED Aug 14 39 D. G. W. Husted 5211 (Address)
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1939 to Aug 14 1939
I last saw him alive on Aug 13 1939. Death is said to have occurred on the date stated above, at 7:49 m. p.m. The principal cause of death and related causes of importance were as follows:
Coronary decompensation Date of onset 25

Other contributory causes of importance: malama

Name of operation _____ Date of _____
What test confirmed diagnosis Chief 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 _____
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 _____ (Signed) D. G. W. Husted, M. D.
(Address) _____

RECEIVED

District Health Officer No. 2;

District File Number 939-209

Date Filed 9-12

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 with the above constitutes grounds for revocation of license.)

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