

FILED APR 21 1941

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

10206

Do not use this space.

## 1. PLACE OF DEATH

- (a) County Baldwell Registration District No. 94  
 (b) Township Breaknridge Primary Registration District No. 4055  
 (c) City Breaknridge (d) Street No. 77 Registered No. 8  
 (e) Length of residence in city or town where death occurred 77 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

- (a) Residence, No. Breaknridge, Mo (Usual place of abode, if no street address, write county or city)  (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Don't know</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Don't know</u>		
7. AGE <u>about 77</u>	YEARS	MONTHS
		DAYS
		If LESS than 1 day, ..... hrs. or ..... min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>labors</u>		
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) <u>Breaknridge MO</u>		
13. NAME <u>Wales Lamkin</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
15. MAIDEN NAME <u>Don't know</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
17. INFORMANT (ADDRESS) <u>Frank Adams</u> <u>Breaknridge Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rose Hill</u> DATE <u>Nov. 18</u> 19 <u>41</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>T. F. McPuk</u> <u>Breaknridge, Mo.</u>		
20. FILED <u>March 20</u> 19 <u>41</u> <u>A. R. Wiley MD</u> <u>Local Registrar</u>		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16 194122. I HEREBY CERTIFY, That I attended deceased from March 16 1941 to March 16 1941I last saw deceased alive on March 16 1941. Death is said to have occurred on the date stated above, at 11:45 P.M.

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

Chronic interstitial nephritis Date of onset Don't knowOther contributory causes of importance: NoneName of operation None Date of None  
What test confirmed diagnosis? urine tests Was there an autopsy? No23. 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 \_\_\_\_\_  
(Signed) W. H. Chaffin M. D.  
(Address) Breaknridge Mo.

**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.....

*T. F. McBeak*

....., Registered Apprentice No.....

working under my personal supervision.

Signed *T. F. McBeak*

Licensed Embalmer No. *1570*

P. O. Address *Breeksville*

**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.**