

318 Primary Registration District No. 1003 Registrar's No. 2749-61-1141 STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

1. PLACE OF DEATH a. COUNTY <b>FILED APR 7 1961</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b> Length of stay in lb c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Louis-Little Rock Hospital, Inc.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Arkansas</b> b. COUNTY <b>Green</b> c. CITY OR TOWN <b>Paragould</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS <b>Rt #1</b> (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <b>James</b> Middle <b>L</b> Last <b>Lam</b>			4. DATE OF DEATH Month <b>March</b> Day <b>21</b> Year <b>1961</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-15-1882</b>	9. AGE (last birthday) <b>79</b>	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pensr. Machinist Helper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>		11. BIRTHPLACE (City and state or country) <b>Hernando, Mississippi</b>			
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Square Nicholas Lam</b>		13b. MOTHER'S MAIDEN NAME <b>Susan Davis</b>			
14. NAME OF HUSBAND OR WIFE <b>Lela</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b> (If yes, give war or dates of service)					
16. INFORMANT <b>Lela Lam</b>				Address <b>Paragould, Arkansas</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Intertrochanteris Fracture Left Femur.</b> DUE TO (b) <b>Pneumonia</b> DUE TO (c) <b>Myocarditis.</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>3-2-61</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1-30-'61</b> <b>2-1-61</b>		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Fall at home, Paragould, Ark.</b>		
20c. TIME OF INJURY Hour <b>10:00 AM</b> Month, Day, Year <b>Jan. 30, 1961</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>Paragould, Ark.</b>		COUNTY STATE			
21. I attended the deceased from <b>January 30, 1961</b> to <b>March 21, 1961</b> and last saw him alive on <b>Mar. 21, 1961</b> Death occurred at <b>9:15 A.m</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Joseph A. Lembeck M.D.</b>			22b. ADDRESS <b>1755 S. Grand Blvd.</b>		22c. DATE SIGNED <b>3-21-61</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>3-27-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Brown's Chapel</b>		23d. LOCATION (City, town, or county) (State) <b>Paragould, Arkansas</b>		
24. FUNERAL DIRECTOR <b>Mitchell Funeral Home, Paragould, Ark</b>			25. DATE RECD. BY LOCAL REG. <b>MAR 22 1961</b>		26. REGISTRAR'S SIGNATURE <b>Loan Smith, M.D.</b>		

