

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.

OCT 22 1931

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

Do not use this space.

**30869**

1. PLACE OF DEATH  
 County Cooper Registration District No. 225 File No. \_\_\_\_\_  
 Township Saline Primary Registration District No. 5306 Registered No. 11  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Lizzie May Lamm  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>P. E. Lamm</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 19, 1881</u>		
7. AGE <u>50</u>	YEARS <u>1</u>	MONTHS <u>16</u>
DAYS <u>16</u>		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) <u>now</u>	11. Total time (years) spent in this occupation <u>30</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
MOTHER	13. NAME <u>J. C. Patter</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	15. MAIDEN NAME <u>Hester Good</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT <u>P. E. Lamm</u> (ADDRESS) <u>Woodbridge mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cops to hospital 9-6-31</u>		
19. UNDERTAKER (ADDRESS) <u>W. Albert Hornbeck</u> <u>Prairie Home mo</u>		
20. FILED <u>9/6</u> , 19 <u>31</u> <u>W. E. Waddy</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-5, 1931

22. I HEREBY CERTIFY, That I attended deceased from 8-28 1931, to 9-5, 1931  
 I last saw her alive on 9-4 1931 at 3 P m. Death is said to have occurred on the date stated above, at 3 P m.  
 The principal cause of death and related causes of importance were as follows:  
acute nephritis  
127B  
130  
 Other contributory causes of importance:  
Cholerae typhi  
burns  
 Date of onset 2 mo

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 \_\_\_\_\_  
 (Signed) A. H. Meredith, M. D.  
 (Address) Prairie Home Mo

