

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

Do not use this space.

1444

399

487

**1. PLACE OF DEATH**

County Jackson  
Township Russ  
City Kansas City (No. St. Joseph Hospital)

Registration District No. ....  
Primary Registration District No. ....

File No. ....  
Registered No. 487 (Ward)

**2. FULL NAME**

Minnie Bell Lampton

(a) Residence No. .... St. .... Ward. Richmond mo  
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 E. E. Lampton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 23-1899

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
40 40 1 5-

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work House Duties  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Marshall (STATE OR COUNTRY) mo

10. NAME OF FATHER Walter Falkner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Marshall (STATE OR COUNTRY) mo

12. MAIDEN NAME OF MOTHER Nat Krangan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Marshall (STATE OR COUNTRY) mo

14. INFORMANT E. E. Lampton (Address) Richmond mo

15. Jan 30, 1930 M. M. Grove REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 30 - 1930

17. I HEREBY CERTIFY That I attended deceased from Jan 27, 1930, to Jan 30, 1930 that I last saw her alive on Jan 27, 1930, and that death occurred, on the date stated above, at 5:00 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Unresolved pneumonia and Embolism of right lung, Non tuberculous

CONTRIBUTORY (SECONDARY) Pneumonia, lobar

18. WHERE WAS DISEASE CONTRACTED mo  
IF NOT AT PLACE OF DEATH: .....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF 1-27-30  
WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS.....  
(Signed) Eugene P. Hamblin, M. D.  
1-30, 1930 (Address) 602 Argyle

\*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Richmond mo DATE OF BURIAL Feb 1, 1930

20. UNDERTAKER E. Thurman ADDRESS Richmond mo

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.

602 Cas/b. 304-E-12.14