

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

Do not use this space.

38497

1. PLACE OF DEATH

County Burns County Registration District No. 31
 Township Admire Primary Registration District No. 2042B
 City (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 40

2. FULL NAME

Mr. A. James Lass
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Julius Lass
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 8 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

13. NAME Benjamin Hancock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

15. MAIDEN NAME Blair

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT Lucy Warner
 (ADDRESS) 11 Purdy, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE W. Adams Cem. DATE Dec 1, 1935

19. UNDERTAKER W. Adams Cem.
 (ADDRESS) W. Adams Cem., Missouri

20. FILED 1-7- 1936 Mattie Blankenship
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-9 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-4 1935 to 12-9 1935

I last saw her alive on 12-7 1935 Death is said to have occurred on the date stated above, at 3:00 P. M.

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

Intertrochanteric fracture of left femur Date of onset 9-27-35
Generalized Atherosclerosis wk

Other contributory causes of importance: 1880

Name of operation none Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 9-27 1935

Where did injury occur? At home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fell from porch

Nature of injury Intertrochanteric fracture of left femur

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Gilbert L. Humball, M. D.
 (Address) Wheaton, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

