

K. 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.

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

Do not use this space.

25981

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City.....

(No. 7718 Michigan a

File No.....

Registered No.....

7601

St.....

Ward.....

2. FULL NAME

Mary Elizabeth Lambert

(a) Residence. No. 7718 Michigan a St.,

1 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

Female

4. COLOR OR RACE

W. Int.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

John Lambert

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Sept. 27-1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.

66

10

28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Tennessee

10. NAME OF FATHER

Ben Long

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT (Address)

John Lambert 7718 Michigan a

15.

FILED 26. 1927

May 6 Starosoff

Register

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Aug. 24 1927

17.

I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1927 to Aug. 24, 1927 that I last saw him alive on 24 Aug. 1927, and that death occurred, on the date stated above, at 8 A. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Endocarditis

CONTRIBUTORY (SECONDARY)

Chronic Brights Disease

18. WHERE WAS DISEASE CONTRAIGNED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Edward Bolter, M. D.

Aug 24, 1927 (Address) 7310 Michigan an

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Mount Olive

8-24 1927

20. UNDERTAKER

Southern

ADDRESS

7315 S. Broady

100  
100