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

Do not use this space.

File No. 26317 C

Registered No. 193

1. PLACE OF DEATH

County Vernon Registration District No. 875

Township Washington Primary Registration District No. 6162

City [redacted] (No. [redacted] St. Ward)

2. FULL NAME Ed Lambert

(a) Residence. State Hospital #3 St. (Nevada)
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Pearl Lambert.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) D. 16 1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
	42	D.	16.	

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

9. BIRTHPLACE (CITY OR TOWN) Washburn
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Thomas Lambert
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Grand Rapids
(STATE OR COUNTRY) Mich.
12. MAIDEN NAME OF MOTHER Roda Walters
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Carrollton
(STATE OR COUNTRY) Mo

14. INFORMANT Hospital Record
(Address) State Hospital #3.

15. FILED 10/26 19 27 E. R. Young
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 23 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 18 1927, to Aug 23 1927, that I last saw h[illegible] alive on Aug 23 1927, and that death occurred, on the date stated above, at 10:45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Paralysis

9 2

24

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Syphilis

U.K. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED U.S.

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab.

(Signed) F. H. Mapes, M. D

8/23, 1927 (Address) State Hospital #3

*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 [redacted] DATE OF BURIAL 19

20. UNDERTAKER [redacted] ADDRESS

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.

Dei ~~Ed~~ D. Jânio
ministro Cá. Lambert
de plano