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

Do not use this space.

178

1929

1. PLACE OF DEATH
County Ballinger — Registration District No. 67
Township Liberty — Primary Registration District No. 3704
City ... (No. ..., ... St. ... Ward)
File No. ...
Registered No. 15

2. FULL NAME Freda Lambert

(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. ... da. How long in U.S., if of foreign birth? ... yrs. ... mos. ... da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F.	W.	S.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 1, 1924

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	8	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) ...
(c) Name of employer ...

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

PARENTS:
10. NAME OF FATHER G. C. Lambert
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Entervile
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER May Zimmerman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ...
(STATE OR COUNTRY) Mo.

14. INFORMANT G. C. Lambert
(Address) Entervile, Mo, R.1.

15. FILED 3-8-, 1929 C. A. Sanders
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-31- 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1929, to Jan. 31, 1929 that I last saw h. alive on Jan. 31, 1929, and that death occurred, on the date stated above, at 3 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia
(duration) ... yrs. ... mos. 14 da.
CONTRIBUTORY (SECONDARY) Influenza
(duration) ... yrs. ... mos. ... da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ...
DID AN OPERATION PRECEDE DEATH? no DATE OF ...
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Inspection
(Signed) L. E. Lewis, M. D
, 19 (Address) Adrian, Mo.

*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
Dongola Cem. Mo.	2-1-1929
20. UNDERTAKER	ADDRESS
Andrew Baker,	Entervile Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.