APR 30 1929

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

Do not use this space.

11781

File No.

Registered No.

1. PLACE OF DEATH

County Dunklin — Registration District No. 6 4 6

Township Cooter — Primary Registration District No. 5 2 4 3

City Cooter (No. ..... St. ..... Ward)

2. FULL NAME mary J. 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. 4 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)
Female	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) aug 22 - 1873

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
55	7		

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Derby
(STATE OR COUNTRY) and

PARENTS

10. NAME OF FATHER James mitchell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Derby
(STATE OR COUNTRY) and

12. MAIDEN NAME OF MOTHER Janett Boyd

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Derby
(STATE OR COUNTRY) and

14. INFORMANT J. W. Franks
(Address) Cooter mo

15. FILED 4-10-1929 James A Jones REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3 - 22 - 1929

17. I HEREBY CERTIFY, That I attended deceased from 3 - 21 - 1929, to 3 - 22 - 1929, that I last saw h.. alive on 3 - 22 m., 1929, and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis
(High Blood Pressure)
Apoplexy
(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) 1290

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? x

DID AN OPERATION PRECEDE DEATH? no DATE OF x

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? x

(Signed) L. E. Cooper, M. D

3-23-1929 (Address) Cooter, 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
Little River cem	3-23 1929
20. UNDERTAKER	ADDRESS
Germanmd Co	Steele 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.

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