

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

Do not use this space.

21427
2561

1. PLACE OF DEATH

County Jackson
Township Missouri
City Kansas City (No. 602 North Monroe)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 602 North Monroe 10 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5-1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
65 1 01

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Gardner
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Tilt
(STATE OR COUNTRY) Belgium

PARENTS

10. NAME OF FATHER Emile Lambert

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

12. MAIDEN NAME OF MOTHER Emilie DeKuyper

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

14. INFORMANT Achiel Lambert
(Address) 602 N Monroe

15. Filed 6/7 1929 M. M. Crowe
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/6 1929

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

that I last saw him _____, alive on _____, 19____, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia
23A
90B

CONTRIBUTORY Pulmonary Tuberculosis
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0. Did any condition precede death? _____ DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Shaver to Hays

6/6, 1929 (Address) Dogkey corner

*State the DISEASE CAUSING DEATH, or in death 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

mt St Marys Cemetery

June 8 1929

20. UNDERTAKER

ADDRESS

John J. Sheehan

K. C. 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.

