

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Towship Ward
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
No. 4122 Bell St.

File No. 4891
Registered No. 541
St. _____ Ward _____

2. FULL NAME Alfred Lambert

(a) Residence. No. 4122 Bell St. St. 7 Ward _____

(Usual place of abode)
Length of residence in city or town where death occurred 30 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) Married

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

Mrs. Mary Lambert

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 21 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
74 4 12 — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Shipping clerk.

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

(c) Name of employer Jansen-Salisbury Lab.

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Ohio

10. NAME OF FATHER William Lambert

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

12. MAIDEN NAME OF MOTHER Rosana Andre

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

14. INFORMANT Mrs. Mary Lambert (Address) 4122 Bell

15. FILED 2/5 30 M.M. Grove REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 3 19 30

17. I HEREBY CERTIFY, That I attended deceased from April 1929, to Feb. 3 1930, that I last saw him alive on Feb. 2 1930, and that death occurred, on the date stated above, at 8.20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of right Kidney

CONTRIBUTORY (SECONDARY) 51A (duration) 2 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, unknown

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Amputated Kidney (Signed) W.M. Slaughter M.D.

2/4 1930 (Address) 222 Hyde Park Bldg

*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

Forest Hill Feb. 5 19 30

20. UNDERTAKER ADDRESS

H.W. Gates K.C.K.

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.

RECORD WITH OBTAINING NAME THIS IS A PARENTS RECORD

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