

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 5093
 Township Law Primary Registration District No. 1002 Registered No. 101
 City Madison City (No. Research Hoeph) St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 2831 East 9th St. 9 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 9, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
59 4 8

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) Chicago
 (STATE OR COUNTRY) Ill.

10. NAME OF FATHER Benn. Lambert

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

12. MAIDEN NAME OF MOTHER Mary Jane Graham

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

14. INFORMANT Mrs Arthur C Prestor
 (Address) 560 2 Highland

15. FILED 7/18, 1930 M. M. Crowe
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 17 1930
 17. I HEREBY CERTIFY, That I attended deceased from 11-11-1929, to 2-17-1930
 that I last saw her alive on 2-17-1930, and that death occurred, on the date stated above, at 7:27 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Exhaustion
59 (duration) _____ yrs. _____ mos. _____ ds.
930
 CONTRIBUTORY Diabetic Asthenia
 (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 577
 IF NOT A PLACE OF DEATH Research Hospital
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS Laboratory
 (Signed) Dwight B. Cash M. D.
Feb. 18, 1930 (Address) 743 Lathrop 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 Elmwood DATE OF BURIAL Feb 19 1930

20. UNDERTAKER H. H. Newcomer's Sons & Co ADDRESS _____

Via 8481

1-5.