

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.

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

Do not use this space.

16538

1. PLACE OF DEATH

County..... Jefferson
Township.....
City..... Festus (No.)

Registration District No. 421
Primary Registration District No. 4249

File No.
Registered No. 50 St. Ward)

2. FULL NAME Nellie Mae 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Erad Lambert</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan. 30, 1903</u>		
7. AGE <u>27</u>	YEARS <u>3</u>	MONTHS <u>13</u>
DAYS <u>13</u>		
If LESS than 1 day, ... hrs. or min.		

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 Self

9. BIRTHPLACE (CITY OR TOWN) Plattin
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Julian Sherman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Plattin
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Hallie Thompson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Plattin
(STATE OR COUNTRY) Missouri

14. INFORMANT H. D. Sherman
(Address) Festus mo

15. FILED 5/14/30 E. E. Putney REGISTRAR

MEDICAL CERTIFICATE OF DEATH16. DATE OF DEATH (MONTH, DAY AND YEAR) May 13 1930

17. I HEREBY CERTIFY, That I attended deceased from
May 13-14, 1930, to May 13-14, 1930, and that death occurred, on the date stated above, at 3:00 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accidental Death
Automobile in which they
were stalled on R. R. Crossing
Struck by locomotive (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS Examiner's Inquest(Signed) W. H. Bell M. D., 19 (Address) Jefferson County

*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

Festus mo May 15 1930
20. UNDERTAKER Duester & Vinyard ADDRESS Festus mo

