

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.

OCT 29 1930

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

Do not use this space.

30262

1. PLACE OF DEATH

County Garfield  
Township Jefferson  
City Jefferson

Registration District No. 411  
Primary Registration District No. 222

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

John M. Lambert

(a) Residence No. 723 Wall 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

Male

4. COLOR OR RACE

Wh

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widower

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

Sarah E. Lambert

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

July 11-1851

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

79

2

4

8. OCCUPATION OF DECEASED

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

Paymaster

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

Engle-Peters Co.

(c) Name of employer

Engle-Peters Co.

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

Knott County, Ky.

10. NAME OF FATHER

Isaac M. Lambert

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

Ind.

12. MAIDEN NAME OF MOTHER

Mattie Aldridge

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

Ind.

14.

INFORMANT

(Address)

Mrs. Hope Lambert  
723 Wall

15.

FILED

9/17/30 Abner Clark  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Sept. 15 1930

17.

I HEREBY CERTIFY, That I attended deceased from Sept. 12 1930, to Sept. 15 1930  
that I last saw him alive on Sept. 15 1930 and that death occurred, on the date stated above, at 9:50 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Myocardial Insufficiency  
92A

CONTRIBUTORY (SECONDARY)

90A

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. E. Craig M. D.  
9/16 1930 (Address) Jefferson 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

Mount Hope Sept. 17 1930

20. UNDERTAKER

Frank-Divisor Co. Jefferson Mo

6 MAR 20 1957