

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

Do not use this space.

40077

1. PLACE OF DEATH

County Marion
Township Mason
City Hannibal

Registration District No. 547
Primary Registration District No. 3079
(No. 1303, Walnut)

File No.
Registered No. 338
St. 4th Ward

2. FULL NAME

(a) Residence No. 1303 Walnut 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 white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 11/1842

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
88 1 17

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER John Lambert

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

12. MAIDEN NAME OF MOTHER Mary Brown

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

14. INFORMANT Chas Lambert
(Address) 1303 Walnut, Hannibal Mo

15. FILED 1/2 31 Elousie
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/28 19 30

17. I HEREBY CERTIFY, That I attended deceased from Nov. 27 1930, to Dec. 27 1930, that I last saw him alive on Dec. 27 1930, and that death occurred, on the date stated above, at 1:30 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Nephritis Chronic
131

162 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Senility
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A. B. Blue M. D.

*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 Mt Olinet Cem DATE OF BURIAL 12/30 1930

20. UNDERTAKER James O'Donnell ADDRESS Hannibal 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.

