

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.

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1. PLACE OF DEATH

County Boone
Township Columbia
City Columbia (No. _____)

Registration District No. 73
Primary Registration District No. 3006

File No. _____
Registered No. 23
St. _____ Ward _____

2. FULL NAME

Adelaide Barbara 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

Female

4. COLOR OR RACE

White

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

Divorced

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

Divorced

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

Sept 4 1890

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

40

4

26

8. OCCUPATION OF DECEASED

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

Housekeeper

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

(c) Name of employer

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

St. Louis Mo.

10. NAME OF FATHER

James A. Morris

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

St. Louis Mo.

12. MAIDEN NAME OF MOTHER

Anna L. J. Roseberry

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

St. Louis Mo.

14.

INFORMANT
(Address)

Elmer M. Altman
1524 N. Euclid av. St. Louis

15.

FILED

1/31/1931

F. C. Suggett
by DeLaf.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan 30 1931

17.

I HEREBY CERTIFY, That I attended deceased from Jan 30 -, 1931, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 6:30 A. _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cichloride - mercury - poison -
Suicide

163 D

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? No. DATE OF 7 5

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? X

(Signed) E. G. Davis - Coroner

1-30-1931 (Address) Columbia 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

St. Louis Mo.

2/2 1931

20. UNDERTAKER

ADDRESS

B. T. Baker

Columbia Mo

