

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.

9605

1. PLACE OF DEATH

County Harrison  
Township White Oak  
City                      (No.                     )

Registration District No. 340  
Primary Registration District No. 3476

File No.                       
Registered No.                       
St.                      Ward                     

2. FULL NAME

John Henry 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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 22 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
76 10 10 or                     

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.                     

10. Date deceased last worked at this occupation (month and year)                     

11. Total time (years) spent in this occupation                     

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

13. NAME Lawrence Lambert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South H. Virginia

15. MAIDEN NAME Donk Kuro

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Donk Kuro 31

17. INFORMANT A. E. Kidwell (ADDRESS)                     

18. BURIAL, CREMATION, OR REMOVAL Burial PLACE Kidwell cemetery DATE Mar 3 1931

19. UNDERTAKER W. J. Noble (ADDRESS)                     

20. FILED May 10 1931                      Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb 22 1891 to March 1 1931

I last saw him alive on Feb 25 1931 Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage of Brain Date of onset                     

82 A 82 W

Other contributory causes of importance:                     

Name of operation                      Date of                     

What test confirmed diagnosis?                      Was there an autopsy?                     

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?                      Date of injury                      19                     

Where did injury occur?                      (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.                     

Manner of injury                      (1)

Nature of injury                     

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify                     

(Signed) C. E. Porter M. D.

(Address) new houghton mo

