

K. 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.

16987

1. PLACE OF DEATH

County ADAIRRegistration District No. 4

File No. _____

Township _____

Primary Registration District No. 3001Registered No. 91City KIRKSVILLE MO

(No. _____ St. _____ Ward _____)

2. FULL NAME CHAS ALBERT LAMBERT
BROWNING MO R R 3(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) MARRIED
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5A. IF MARRIED, WIDOWED OR DIVORCED
HUSBAND OF EDNA K LAMBERT
(OR) WIFE OF6. DATE OF BIRTH (MONTH, DAY AND YEAR) AUG 14th 1890

7. AGE <u>40</u>	YEARS	MONTHS <u>8</u>	DAYS <u>23</u> <u>24</u>	IF LESS than 1 day, _____ hrs. or _____ min.
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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). STOCK & GRAIN

(c) Name of employer. SELF

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) LINN CO MO10. NAME OF FATHER SILVESTER LAMBERT11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) LINN CO MO12. MAIDEN NAME OF MOTHER HANNAH HANNON13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) LINN CO MO14. INFORMANT J D L Lammert
(Address) BROWNING R R NO 315. FILED 7/31 1931 A. Becker
Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-7 1931

17. I HEREBY CERTIFY, That I attended deceased from 5/5/31, 1931 to 5/7/31, 1931
that I last saw him alive on 5/7/31, 1931 and that death occurred, on the date stated above, at 7:40 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Rheumatism since
5/1
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) NO
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED at home

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) L. B. Bissell M. D., 19 _____ (Address) 116 E 9th St

*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

NORTH SALEM

DATE OF BURIAL

5/9 1931

20. UNDERTAKER

ADDRESS

Wagon & Wilson Funeral

$$\begin{array}{r}
 1931-5-7 \\
 1890-8-14 \\
 \hline
 40-8-23
 \end{array}
 \qquad
 \begin{array}{r}
 37 \\
 -14 \\
 \hline
 23
 \end{array}$$