

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

Do not use this space.

25652

1. PLACE OF DEATH

County Merces Registration District No. 556
 Township Princeton Primary Registration District No. 4378
 City Princeton (No. _____) St. _____ Ward _____

2. FULL NAME

Leone 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 27 1959

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 8 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired.
 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) Kentucky

13. NAME Thomas B. Lambert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Caroline T. Harker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.

17. INFORMANT (ADDRESS) Earl Lambert
Princeton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Princeton DATE July 24 1931

19. UNDERTAKER (ADDRESS) Martin Funeral Home
Princeton Mo

20. FILED 7/24 1931 J M Perry
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 1931

22. I HEREBY CERTIFY That I attended deceased from Aug 1 1929 to July 23 1931

I last saw him alive on July 23 1931. Death is said to have occurred on the date stated above, at 10:30 PM.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of sigmoid colon & rectum - papillary - impeded on 2nd hemostoid
2. Valvular heart disease
chronic - mitral & aortic
incomp. 3. Atherosclerosis
 Other contributory causes of importance:
Secondary carcinoma
Urinary retention

Name of operation _____ Date of _____
 What test confirmed diagnosis? Phys. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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 —
 Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) A. St. Bristow, M. D.
 (Address) Princeton, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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