

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.

4532

1. PLACE OF DEATH

48-5-8 County Jackson Registration District No. 398
Township Blue Primary Registration District No. 3019
City Independence Mo. St. _____ Ward _____

File No. _____
Registered No. 61

2. FULL NAME

Joseph Richard Lambert
(a) Residence, No. 225 Princeton Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 12 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 Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4 - 1845
7. AGE YEARS 86 MONTHS 4 DAYS 13 If LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Retired minister
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) 1927 - April 11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blue rock Co Ill

13. NAME Richard Lambert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown England

15. MAIDEN NAME Jane Thumber

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown England

17. INFORMANT Richard J Lambert (ADDRESS) 225 Princeton Independence, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lamona Iowa DATE 2-19-32

19. UNDERTAKER C. W. Carson & Son (ADDRESS) _____

20. FILED Feb - 18 - 1932 J. H. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/18/32, 19____, to 2/22/32, 19____
I last saw him alive on 2/17/32, 19____. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

Terminal Cardiac Error (Terminal Cardiac Disease)
95 B 95 B
Other contributory causes of importance: Coronary Dis. Heart
Senile degeneration ①

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

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 _____
Nature of injury _____

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

(Signed) W. H. [Signature], M. D.
(Address) Independence, Mo.

