

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

OCT 24 1932

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

white

Do not use this space.

28159

1. PLACE OF DEATH *Boone*
 10 County *Boone* Registration District No. *72*
 2 Township *DeWitt* Primary Registration District No. *4041*
 2 City *DeWitt* No. _____ St. _____ Ward _____
 2. FULL NAME *John 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.

File No. _____
 Registered No. *308*
 _____ St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Rosevelt Lambert*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar. 10 - 1847*
 7. AGE YEARS *85* MONTHS *6* DAYS *20* If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Lumber*
 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) *Bates Co. Mo.*
 FATHER 13. NAME *Hempshaw*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*
 MOTHER 15. MAIDEN NAME *Hempshaw*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*
 17. INFORMANT *Mrs. Lizzie Lambert* (ADDRESS) *Centerville Mo.*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Centerville Mo.* DATE *10. 1932*
 19. UNDERTAKER *J. J. McCreary* (ADDRESS) *Centerville Mo.*
 20. FILED *10/20* 1932 *J. V. Hineson* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 30 1932*
 22. I HEREBY CERTIFY, That I attended deceased from *July*, 1932, to *Sept 30*, 1932
 I last saw *him* alive on *Sept 30*, 1932. Death is said to have occurred on the date stated above, at *6* P. m.
 The principal cause of death and related causes of importance were as follows:
Endocarditis.
Arteriosclerosis.
 Date of onset *July 1932*
 92 B
 97 92 B
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? *Symptom* 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? _____
 If so, specify _____
 (Signed) *J. V. White*, M. D.
 (Address) *Centerville Mo.*

