

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.

85

28581

1. PLACE OF DEATH

County BuchananRegistration District No. 1001

Township

Primary Registration District No.

City

St. Joseph Mo (No. State Hosp. 22)

File No.

Registered No. 942

St. Ward)

2. FULL NAME

(a) Residence, No. James M. Lambert St. Marceline Mo Ward. Marceline Mo
(Usual place of abode) (If nonresident, give city or town and State)Length of residence in city or town where death occurred 6 yrs. 6 mos. 13 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1848 about7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
About 84 unknown8. 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.

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) Virginia13. NAME Isaac Lambert14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marceline17. INFORMANT (ADDRESS) Records State Hospital #718. BURIAL, CREMATION, OR REMOVAL PLACE Marceline Mo DATE Sept 30 193319. UNDERTAKER (ADDRESS) Jas M. Laughlin20. FILED SEP 23 1933 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29 193322. I HEREBY CERTIFY, That I attended deceased from March 16 1926 to Sept 29 1933I last saw him alive on Sept 29 1933 Death is saidto have occurred on the date stated above, at 10:35 P. M.

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

Date of onset

Hyperphosphid ProstateWith Urinary Retention July 1933

Other contributory causes of importance:

Swine Decontaminated 3/16/36Name of operation Supra Pubic Prostatectomy Date of 9/29/33What test confirmed diagnosis? 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) Dr. Clifford Smith M. D.(Address) State Hospital #7St. Joseph Mo

