

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.

JAN 21 1933

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City

(No. State Hosp. #2)

File No.

38477

Registered No.

1190

St.

Ward)

2. FULL NAME

Eric Lambert

(a) Residence, No.

St.

Ward.

Kansas City Mo

(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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Elva Maude Lambert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 7, 1879

7. AGE YEARS 53 MONTHS 1 DAYS 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bank Teller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mo Savings Bank

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) Castle Rock Mo

13. NAME Charles Lambert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Records State Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City DATE Dec 7

19. UNDERTAKER (ADDRESS) J. W. Wagner

20. FILED Dec 7 1932 John R. Boudier Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7 1932

22. I HEREBY CERTIFY, That I attended deceased from June 23 1932 to Dec 7 1932

I last saw him alive on Dec 7 1932 Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Pulmonary Tuberculosis Prior to 11/10/32

Other contributory causes of importance: Senile Psychosis Prior to Jan 1/2

Name of operation 23 Date of 8

What test confirmed diagnosis? 23 Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 23 Date of injury 8, 1932

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

(Signed) W. Clifton Smith M. D.

(Address) State Hospital, St Joseph Mo

