

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.

39862

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Scout Primary Registration District No. _____
City W. C. Mo (No. 3808, Anderson) St. _____ Ward _____

File No. 4870
Registered No. 4870
St. _____ Ward _____

2. FULL NAME

Sarah Lambing
(a) Residence, No. 3808 Anderson 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 <u>Female</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph Lambing</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 11 - 1885</u>		
7. AGE YEARS <u>47</u>	MONTHS <u>04</u>	DAYS <u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		IF LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ohio 213. NAME
Lambing14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Michigan 3115. MAIDEN NAME
unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
unknown17. INFORMANT (ADDRESS)
Willie C. Fisher
3808 Anderson18. BURIAL, CREMATION, OR REMOVAL PLACE
Guest Hill DATE Dec 21 193219. UNDERTAKER (ADDRESS)
Rose Henderson
4139 E 15th20. FILED 12/20 1932 M. M. Lenowe
Asst Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19 193222. I HEREBY CERTIFY, That I attended deceased from Oct 17 1932 to Dec 19 1932
I last saw her alive on Dec 14 1932 Death is said to have occurred on the date stated above, at 3 a.m.

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

Stroke heart Date of onset Dec 17
162 162
Other contributory causes of importance:
Old age (1)

Name of operation X Date of _____
What test confirmed diagnosis? X Was there an autopsy? _____23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury _____, 19____Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury X
Nature of injury X24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____(Signed) John F. Robinson M. D.(Address) 570 Altman Bldg

Dr Robinson
- Altman 1964