

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.

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

Do not use this space
33360

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. U.S. Veterans Hospital)

Registration District No. _____
Primary Registration District No. _____

File No. 4968
Registered No. _____
St. _____ Ward _____

2. FULL NAME Jesse M. Lambert

(a) Residence, No. Park Hotel, 10 & Paseo St., 2 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 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) Feb. 12, 1899
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 10 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chemist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 197
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) Dont know 21

13. NAME Joseph Lambert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

15. MAIDEN NAME Dont know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT (ADDRESS) U.S. Veterans Hospital
Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clinton, Mo. DATE 12-26-32 19

19. UNDERTAKER (ADDRESS) Freeman Mortuary
Kansas City, Mo.

20. FILED 12-25 1932 M M Crowe
act. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-24-32 1932

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 1932
I last saw him alive on _____, 1932 Death is said

to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Acute myocarditis
lithargia (Epidemic)
Date of onset _____

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis Autopsy Was there an autopsy? yes

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

If so, specify _____

(Signed) Deputy Coroner M. D.

(Address) _____

