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

Do not use this space.

10897

APR 24 1933

1. PLACE OF DEATH
County St Genevieve — Registration District No. 934
Township Union — Primary Registration District No. 6026
City Near Farmington (No.) — St. — Ward)

File No.
Registered No. 3

2. FULL NAME Louisa Selby 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F.	W	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 1858

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
about 74	yrs 4		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) St. Genevieve Mo

FATHER
13. NAME James Selby
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Nancy Yeager
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Andrew Lambert R.R. near Farmington

18. BURIAL, CREMATION, OR REMOVAL Cheshire Cemetery DATE 4-14 19 33

19. UNDERTAKER (ADDRESS) Caldwell Bros Ste Genevieve Mo

20. FILED 3/18 19 33 W. E. Lotte Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13. 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10 19 33 to Mar. 10 19 33

I last saw her alive on March 9, 19 33 Death is said to have occurred on the date stated above, at 1 35 a.m.

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

	Date of onset
1a Angina Pectoris	Mar 1

Other contributory causes of importance:
Worry and Strain over Husbands condition

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

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?
If so, specify

(Signed) J. B. Hewitt M.D.
(Address) Farmington, Mo.

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.

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