

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.

MAY 22 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

12224

1. PLACE OF DEATH

County

Adair

Registration District No.

4

Township

Primary Registration District No.

3001

City

Tarkenton

St.

Ward)

2. FULL NAME

Mary Lambert

(a) Residence, No.

(Usual place of abode)

St.

2

Ward.

(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)

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

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

May 30 1858

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

OCCUPATION

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

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)

Schuyler County Mo

FATHER

13. NAME

Bostman

MOTHER

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

Virginia

15. MAIDEN NAME

unknown

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

Indiana

17. INFORMANT (ADDRESS)

Minnie Lambert Tarkenton Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

4/30/33

19

19. UNDERTAKER (ADDRESS)

Summers + Son

20. FILED

4/30 1933

Miss C. H. Becker

Registrar

MEDICAL CERTIFICATE OF DEATH

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

4/29/33

19

22. I HEREBY CERTIFY, That I attended deceased from

Apr 27 1933 to Apr 28 1933

I last saw her alive on Apr 28 1933 Death is said

to have occurred on the date stated above, at 3:29 m.

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

Bronchial Pneumonia

Date of onset

Apr 20

Other contributory causes of importance:

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

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)

John F. Dodson

M. D.

(Address)

Tarkenton Mo

