

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

Do not use this space.

8387

1. PLACE OF DEATH

County Dallas Registration District No. 243 File No. _____
 Township Jackson Primary Registration District No. 5756 Registered No. _____
 City Buffalo (No. _____) St. _____ Ward _____

2. FULL NAME

Murrell Albert Lambeth
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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 married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maud Lambeth
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2 - 1876
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 11 23
 8. Trade, profession, or particular kind of work done, as pianist, sawyer, bookkeeper, etc. Farmer
 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) Mo.
 13. NAME Tom Lambeth
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 17. INFORMANT Maud Lambeth (ADDRESS) Buffalo Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Church Lane DATE 3-25-34
 19. UNDERTAKER L. B. Jones (ADDRESS) Buffalo Mo.
 20. FILED 4/10 1934 M. W. Bell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-23-34
 22. I HEREBY CERTIFY that I attended deceased from March 1 - 1934 to March 23, 1934
 I last saw deceased alive on March 22, 1934. Death is said to have occurred on the date stated above, at 6 P m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset _____
930
930
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No
 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) O. B. Kesler M. D.
 (Address) Charlottesville, Va.

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.

RECORD

APR 25 1934

