

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.

16-1-8
AUG 14 1934

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

Do not use this space.

1. PLACE OF DEATH

County Leafe Girardeau

Registration District No. 125

Township 21

Primary Registration District No. 3009

City Leafe Girardeau (No. 545 So. Frederick)

File No. 23556

Registered No. 110

St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. 545 So. Frederick 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 <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 1 - 1840</u>		
7. AGE YEARS <u>93</u>	MONTHS <u>7</u>	DAYS <u>1</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>		
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) <u>Leafe Girardeau Mo.</u>		
13. NAME <u>Leafe Lambert</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Elijah Lambert</u> (ADDRESS) <u>Leafe Girardeau Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Farmington</u> DATE <u>July 4 - 1934</u>		
19. UNDERTAKER <u>Walther's Funeral Home</u> (ADDRESS) <u>Leafe Girardeau Mo.</u>		
20. FILED <u>7-4-1934</u> <u>W. A. Schoen</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1934, to July 2, 1934
I last saw him alive on June 28, 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 Bright's disease about
131
Nov 1933
Other contributory causes of importance: 131

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? NO
If so, specify _____
(Signed) W. A. Schoen, M. D.
(Address) Leafe Girardeau Mo.

