

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.

AUG 21 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

24789

1. PLACE OF DEATH

County Jackson
 Township Ramoth
 City North Monroe

Registration District No. 3Primary Registration District No. 602File No. 24789Registered No. 24789St. Mo. Ward 1

2. FULL NAME

Mary Lambert
 (a) Residence, No. 602 St. Mo. Ward 1
 (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 <u>F.</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Achie Lambert</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unk 1884</u>		
7. AGE <u>49</u>	YEARS <u>—</u>	MONTHS <u>—</u>
DAYS <u>—</u>		IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Honorary</u>
	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) Belgium13. NAME Lambert14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belgium15. MAIDEN NAME Romany16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belgium17. INFORMANT Achie Lambert(ADDRESS) 60218. BURIAL, CREMATION, OR REMOVAL PLACE Interment DATE July 25, 193419. UNDERTAKER John A. Brown(ADDRESS) 141520. FILED July 24, 1934 M. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 193422. I HEREBY CERTIFY that I attended deceased from 1934 to 1934I last saw 1934 give on 1934 Death is saidto have occurred on the date stated above, at 1934 m.

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

Heart Prostration

Date of onset

191

Other contributory causes of importance:

191

Name of operation Autopsy Date of 1934What test confirmed diagnosis? Autopsy Was there an injury?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Autopsy Date of injury 1934Where did injury occur? Autopsy

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury AutopsyNature of injury Autopsy

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Autopsy(Signed) Autopsy M. D.(Address) Autopsy

541 977 270000 1.8