

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.

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

Do not use this space.

DEC 13 1934

38744

1. PLACE OF DEATH

County Cape Girardeau  
Township \_\_\_\_\_  
City Cape Girardeau (No. Southwest Mo. Hospital)

Registration District No. 125  
Primary Registration District No. 3009

File No. \_\_\_\_\_  
Registered No. 242  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Lambert, Murray, Jas.

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. St. K. St. Mo.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 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>Caucasian</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 18 - 1918</u>		
7. AGE <u>16</u>	YEARS <u>6</u>	MONTHS <u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farm hand</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) <u>Winfield, Alabama</u>		
13. NAME <u>Lambert, L. G.</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Winfield, Alabama</u>		
15. MAIDEN NAME <u>Orge, Jennie Belle</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Winfield, Alabama</u>		
17. INFORMANT <u>Lambert, L. G.</u> (ADDRESS) <u>Shelton Mo. Gen. Del.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Shelton Mo.</u> DATE <u>11-16-34</u>		
19. UNDERTAKER <u>G. D. Dempster</u> (ADDRESS) <u>Shelton Mo.</u>		
20. FILED <u>11-15-34</u> <u>J. M. Thompson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 15 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15 - 1934, to Nov. 15 - 1934.  
I last saw him alive on Nov. 15 - 1934. Death is said to have occurred on the date stated above, at 1:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Hemorrhage resulting from an accidental gunshot wound of the abdomen & chest.  
Other contributory causes of importance:  
10-31-34  
Name of operation operation Date of 11-15-34  
What test confirmed diagnosis? operation 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? near Shelton, Mo.  
(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) E. P. Schuck, M. D.  
(Address) Cape Girardeau, Mo.

