

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

Do not use this space.

NOV 22 1934

1. PLACE OF DEATH

County Linn
Township Malden
City Malden (No.)

Registration District No. 289
Primary Registration District No. 4173

39025

File No.
Registered No. 54 St. Ward)

2. FULL NAME

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or wife of) Mary H. Lambert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9 - 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 8 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blacksmith Shop
10. Date deceased last worked at this occupation (month and year) 1922 11. Total time (years) spent in this occupation know

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.C.

FATHER 13. NAME John C. Lambert

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

MOTHER 15. MAIDEN NAME Mary Shurdivant

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

17. INFORMANT (ADDRESS) Frank Sumpter
Malden

18. BURIAL, CREMATION, OR REMOVAL PLACE Malden DATE 11-2 1934

19. UNDERTAKER (ADDRESS) H. L. Craig
Malden

20. FILED 11-2 1934 S. B. Mitchell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 29 1934, to Nov. 1st 1934

I last saw him alive on Nov. 1st 1934. Death is said to have occurred on the date stated above, at 245 pm.

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

Labar Pneumonia

Date of onset 10/24/34

Other contributory causes of importance:

Name of operation none Date of ✓

What test confirmed diagnosis? Clinical 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, 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) John D. Vanhook, M. D.

(Address) Malden Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

