

JAN 15 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Callaway
 Township Fullton
 City Fullton

Registration District No. 104
 Primary Registration District No. 3008

File No. 42163
 Registered No. 290
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. J. R. Lambert St. _____ Ward _____
 (Usual place of abode) Mendon, Mo. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 3 mos. 25 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 (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1853
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
about 82 — —

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
 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) St Catherine, Mo13. NAME Don't know14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Catherine, Mo15. MAIDEN NAME "16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "17. INFORMANT (ADDRESS) Records of State Hospital #118. BURIAL, CREMATION, OR REMOVAL
 PLACE Mendon, Mo. DATE Dec 9 193419. UNDERTAKER (ADDRESS) Geo. J. Hall
Fullton, Mo.20. FILED Dec 10, 1934 A. M. Green
 Registrar

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1934 to Dec 9 1934
 I last saw him alive on Dec 8 1934 Death is said to have occurred on the date stated above, at 2:30 pm.
 The principal cause of death and related causes of importance were as follows:

107A Broncho-pneumonia Date of onset _____
97/107A

Other contributory causes of importance: Arteriosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) T. S. Goff, M. D.
 (Address) Fullton, Mo

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.

