

JUL 26 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

24154

1. PLACE OF DEATH

96 County Reynolds
 Township East Lesterville
 City East Lesterville (No. St. Ward)

Registration District No. 749
 Primary Registration District No. 5-984

File No. 5
 Registered No. 5

2. FULL NAME Jerusha Lambert

(a) Residence, No. MONTEREY St. Mo Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem. 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 Jack Lambert
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10/1854
 7. AGE 80 YEARS MONTHS 7 DAYS 25 If LESS than 1 day, ... hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work
 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) Missouri

13. NAME John G. Johnson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Elizabeth Graham
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Monroe Lambert
 (ADDRESS) 2215 So. Jefferson Ave.

18. BURIAL, CREMATION, OR REMOVAL at home
 PLACE Monterey - Mo DATE July 7th 1935

19. UNDERTAKER W. H. White & Son
 (ADDRESS) Fronton - Missouri

20. FILED July 10 1935 C. M. Hufferd
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/5/35 19

22. I HEREBY CERTIFY, That I attended deceased from about May 11, 1935, to July 8, 1935.

I last saw her alive on June 20, 1935. Death is said to have occurred on the date stated above, at 11:30 m. P.M.
 The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis.

Date of onset

Other contributory causes of importance:

Name of operation
 What test confirmed diagnosis? Clinical & microscopical 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? No
 If so, specify

(Signed) C. M. Hufferd, M. D.
 (Address) Lesterville, Mo.

Feb 11 1904

Robert D. B. B. B. B.