

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

Do not use this space.

6678

MAR 23 1936

1. PLACE OF DEATH

County Linn
Township Enterprise
City Enterprise (No.)

Registration District No. 497
Primary Registration District No. 3673

File No.
Registered No. St. Ward

2. FULL NAME

David Herman C. Lambert

(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 Ann Lambert
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 4, 1873
7. AGE YEARS 63 MONTHS 1 DAYS 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Jackson County (STATE OR COUNTRY) Missouri

13. NAME Albert S. Lambert

14. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY)

15. MAIDEN NAME Rutha E. Standefer

16. BIRTHPLACE (CITY OR TOWN) no data (STATE OR COUNTRY)

17. INFORMANT Alfred H. Lambert (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL North Salem Mo DATE Feb 17 1936

19. UNDERTAKER C. A. Schoene (ADDRESS)

20. FILED Feb 26 1936 Glora M. McCormick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16 1936

22. I HEREBY CERTIFY That I attended deceased from Feb 12, 1936 to Feb 16 1936
I last saw him alive on Feb 15 1936 Death is said to have occurred on the date stated above, at 12:22 a.m.
The principal cause of death and related causes of importance were as follows:

Robor pneumonia Date of onset Feb 10 1936

Other contributory causes of importance: Arrhythmia fibrillation 3ms. Hypertension

Name of operation Date of
What test confirmed diagnosis? 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? (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) J. D. Dixon, M. D.
(Address) Linn Co. Mo.

