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

AUG 21 1936

Do not use this space.

27257

1. PLACE OF DEATH
County Linn
Township Grantsville
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 504
Primary Registration District No. 5667

File No. .....
Registered No. 6

2. FULL NAME Myrtle Lambert

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

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Ray Lambert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24th. 1900

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
36	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) North Salem Missouri

FATHER
13. NAME Simon Head
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Salem Missouri

MOTHER
15. MAIDEN NAME Jennie Hall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Salem Missouri

17. INFORMANT (ADDRESS) Simon Head Purdin, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE North Salem DATE 7/23/1936

19. UNDERTAKER (ADDRESS) Thorne Undertaking Co. Linneus, Missouri.

20. FILED 7-25- 1936 U C Dryden Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June, 1936, to July 21, 1936
I last saw h[illegible] alive on June, 1936. Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis Advanced	1934

Other contributory causes of importance:
Secondary anemia

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. F. Denton, M. D.
(Address) Linneus, 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.