

SEP 21 1936

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

Do not use this space.

30174

1. PLACE OF DEATH

County Cape Girardeau

Registration District No. 121

Township Cape Girardeau

Primary Registration District No. 3009

City Cape Girardeau

(No. St. Ignace Hospital)

File No.

Registered No. 900

St.

Ward)

2. FULL NAME

Martha Ann Lambert

(a) Residence, No. 1106 No Main

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.

da.

How long in U. S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept 1-1886

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

49

11

24

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)

Cape Girardeau

MOTHER FATHER

13. NAME

Wiley Miller

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

Cape Girardeau

15. MAIDEN NAME

Victoria Aburnathy

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

Cape Girardeau

17. INFORMANT (ADDRESS)

George Lambert
Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Fairmont Cem DATE Aug 26 1936

19. UNDERTAKER (ADDRESS)

Walthers Undl. Co.
Cape Girardeau Mo

20. FILED

8-24-36 J. M. Lambert Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-24 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-1- 1936, to 8-24 1936

I last saw her alive on 8-24 1936. Death is said

to have occurred on the date stated above, at 10:25 A.

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

Date of onset

Acute Heart Failure

Other contributory causes of importance

Tuberculosis of uterus

Name of operation Hysterectomy Date of 8-24-36

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no 1936

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

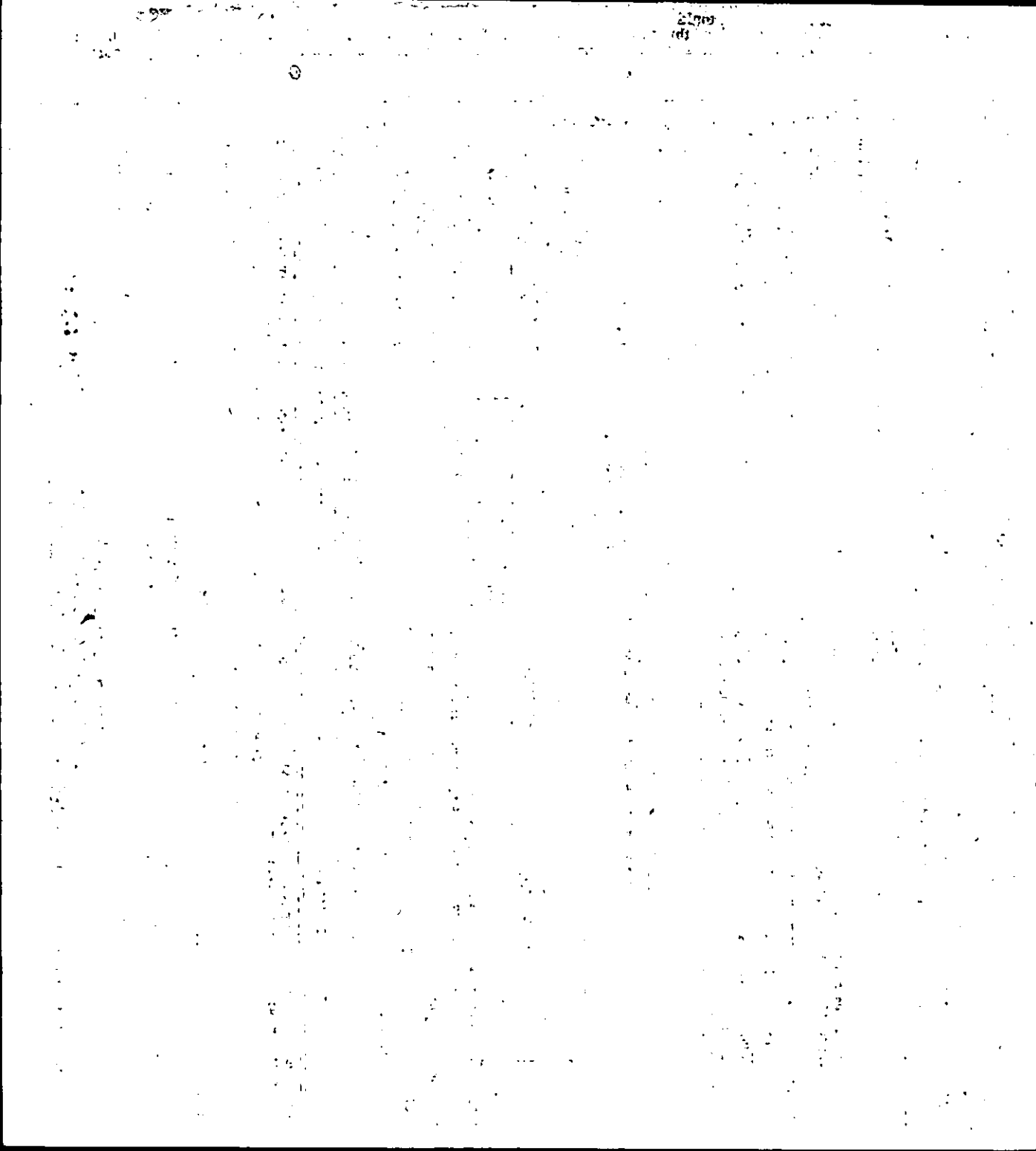
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) A. F. Hedden M. D.

(Address) 115 Independence St. Cape Girardeau



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CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Cape Girardeau

Registration District No. 125

Township Cape Girardeau

Primary Registration District No. 3009

City Cape Girardeau (No.)

File No.

Registered No.

St. Ward

2. FULL NAME

Martha Ann 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

F

4. COLOR OR RACE

Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

49

11

24

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.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED 11-6-36 Jim C. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-24 1936

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

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

Date of onset

Other contributory causes of importance:

Fibrosis of uterus

non-malignant

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (specify on 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, if 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) A. G. Juden....., M. D.

(Address) 118 Independence St. Cape Girardeau 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.

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