

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.

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

Do not use this space.

30356

SEP 21 1936

1. PLACE OF DEATH *Cole*
County *Osage* Registration District No. *1158*
Township *Osage* Primary Registration District No. *296A*
City (No.) St. Ward)

2. FULL NAME *Lambert Volmest.*
(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 *84 yrs. 3 mos. 11 ds.* How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <i>April 27th. 1852</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS <i>84</i>	MONTHS <i>3</i>
		DAYS <i>11</i>
		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.	
	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) <i>Hatfield Mo</i>		
FATHER	13. NAME <i>Herman Volmest</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
MOTHER	15. MAIDEN NAME <i>Bertrude Ost.</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
17. INFORMANT (ADDRESS) <i>John Volmest</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Thomas Cem.</i> DATE <i>1936</i>		
19. UNDERTAKER (ADDRESS) <i>Louis Busch, St. Thomas Mo</i>		
20. FILED <i>Aug. 11th. 1936</i> <i>By J. A. ...</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 7* 19*36*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 2* 19*36*, to *Aug 7* 19*36*
I last saw *him* alive on *Aug. 6* 19*36*. Death is said to have occurred on the date stated above, at *7a* m.
The principal cause of death and related causes of importance were as follows:
Myocardial infarction. Atherosclerosis.
9381
Other contributory causes of importance:
Senility

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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?
If so, specify _____
(Signed) *D. E. ...*, M. D.
(Address) *Meta.*

