

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

Do not use this space.

DEC 4 1936

4401213

**1. PLACE OF DEATH**

County Sullivan Registration District No. 853  
Township Duncan Primary Registration District No. 6121  
City..... (No.....) St..... Ward.....

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

**2. FULL NAME**

Lila Catherine 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 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 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.....  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20 - 1934  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
2 5 13

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-3-1936  
22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1936, to Oct 3, 1936  
I last saw her alive on Oct 3, 1936 Death is said to have occurred on the date stated above, at 11 a.m.  
The principal cause of death and related causes of importance were as follows:

Marfan's Ectasia Date of onset 9/25/36  
3 years

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.....

Other contributory causes of importance:  
Arteriosclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Browning Mo  
Linn Co

Name of operation..... Date of.....  
What test confirmed diagnosis..... Was there an autopsy? Yes

FATHER  
13. NAME Herald A. Lambert  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Co  
Mo

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.

MOTHER  
15. MAIDEN NAME Eva G. Riddle  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co  
Mo

Manner of injury.....  
Nature of injury.....

17. INFORMANT Herald Lambert  
(ADDRESS) Browning

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mount Valley Cem DATE 3-4-36

(Signed) J. R. Martor, M. D.  
(Address) Browning Mo

19. UNDERTAKER C. A. Schenck  
(ADDRESS) Wagon, Mo

20. FILED Nov 4 1936 Geo. Hagan  
Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

