

JAN 29 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

44264

1. PLACE OF DEATH

County Dent
 Township Norman
 City (No.)

Registration District No. 269
 Primary Registration District No. 0376

File No.
 Registered No. 9
 St. Ward

2. FULL NAME Charles William 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 Anna Gittemeier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 6 25

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. was painter & paper hanger at time
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo

13. NAME

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

15. MAIDEN NAME Mary Lambert

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

17. INFORMANT Mrs. Chas Lambert
 (ADDRESS) Salem Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cedar Grove DATE 12/16/36 19 36

19. UNDERTAKER Carl K Spencer
 (ADDRESS) Salem Mo

20. FILED Dec 15 1936 Mrs Cora Bailey
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/14/36 19 36

22. I HEREBY CERTIFY, That I attended deceased from 10:29 1936, to 12-12 1936

I last saw him alive on 12-12 1936. Death is said to have occurred on the date stated above, at 9:25 P.M.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
deceased was taken sick
understand was when his
ailment was first noticed.

Name of operation none Date of
 What test confirmed diagnosis? 36 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

What 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? yes
 If so, specify was paper hanger & painter
 (Signed) S. A. Downing, M. D.
 (Address) Salem Mo.

