APR 8 1937

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

Do not use this space.

9647

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. [illegible]

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. 3223 Washington St. St. Ward)

2. FULL NAME Walter Cornelius Lambert

(a) Residence, No. 3223 Washington St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 14 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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14, 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	63	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk registry Division, U.S. Post Office.

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) 1933

11. Total time (years) spent in this occupation 36

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lockport New York

FATHER

13. NAME Joseph Lambert

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

MOTHER

15. MAIDEN NAME Elizabeth Tolly

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

17. INFORMANT (ADDRESS) Mrs. Edna D. Lambert 3223 Washington St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park, KCK DATE 3/20/37, 19

19. UNDERTAKER (ADDRESS) Geo. H. Long Kansas City, Kansas

20. FILED Mch 19, 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-18, 1936 to 3-17, 1937

I last saw him alive on 3-17-1937 Death is said to have occurred on the date stated above, at 12noon

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

Apoplexy 3-17-37 59

Date of onset

Other contributory causes of importance:

Diabetes

Arteriosclerosis

Name of operation none Date of

What test confirmed diagnosis? symptoms 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) L. F. Barney, M. D.

(Address) Kansas City, Ks

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

Dr. Barney -