

APR 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Missouri Registration District No. 566
Township St. Louis Primary Registration District No. 3030
City Charleston (No.) St. Ward

File No. 12661
Registered No. 69

2. FULL NAME

(a) Residence, No. L. J. Lambus
(Usual place of abode) 217 Railroad St. Ward
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2 1930
7. AGE YEARS 15 MONTHS 9 DAYS 25
If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Brickley Arkansas

13. NAME J. W. Lambus

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

15. MAIDEN NAME Lula Dickerson

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

17. INFORMANT (ADDRESS) J. W. Lambus Charleston Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cah Grove Cem. DATE March 28 '37

19. UNDERTAKER (ADDRESS) Frank's Funeral Service Charleston Mo.

20. FILED 3-28, 1937 Registrar

MEDICAL CERTIFICATE OF DEATH 8 A.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27 1937

22. I HEREBY CERTIFY, That I attended deceased from to , 19 .
I last saw him no doctor 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:

Influenza
11/2
Date of onset

Other contributory causes of importance:
Chronic Middle Ear Disease

Name of operation Date of
What test confirmed diagnosis? Hyster 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 H

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

If so, specify
(Signed) Frank A. Vernon M. D.
(Address) Charleston Mo

Exact statement of OCCUPATION is very important.

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