

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.

DEC 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Iron

Registration District No. 393

Township Kaolin

Primary Registration District No. 5552

City

(No.)

File No. 41449

Registered No.

St. Ward

2. FULL NAME Edna Mae 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

fem

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

Lawrence Lambert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 22, 1920

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

17

2

18

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

housewife

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) Belleview Mo.
(STATE OR COUNTRY)

MOTHER FATHER

13. NAME John Nash

14. BIRTHPLACE (CITY OR TOWN) Pilot Knob
(STATE OR COUNTRY) Mo.

15. MAIDEN NAME Verna Jaycox

16. BIRTHPLACE (CITY OR TOWN) Monterey Mo.
(STATE OR COUNTRY)

17. INFORMANT Lawrence Lambert
(ADDRESS) Belleview Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Monterey Mo. DATE April 11, 1937

19. UNDERTAKER White & Son

(ADDRESS) Ironton Mo.

20. FILED Dec 8 19 37 ms. Sna Volner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 10, 1937, to Apr. 11, 1937

I last saw her alive on Apr. 11, 1937. Death is said

to have occurred on the date stated above, at 12.00 m.

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

Date of onset

Puerperal Sepsis

Other contributory causes of importance:

Child birth

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

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)

(Address)

J. H. Gale
Bismarck Mo. M. D.

