

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
 Township Raw
 City Kansas City

Registration District No. 399
 Primary Registration District No. 1002

File No. 1683
 Registered No. 371
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 5100 Walnut 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 Mary Ethel Lambert
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 19, 1876
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 4 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker
 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) Castle Rock, Missouri

13. NAME Louis Lambert

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

15. MAIDEN NAME Sadie Langsdorn

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

17. INFORMANT (ADDRESS) Mrs. Mary Lambert
5100 Walnut

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Jan 24, 1938

19. UNDERTAKER (ADDRESS) Wagner Funeral Home
1204 W. Linwood

20. FILED Jan 24, 1938 M. N. Crover
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-18-, 1938, to 1-20-, 1938
 I last saw him alive on 1-20-, 1938. 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:

Coronary thrombosis
94B
 Other/contributory causes of importance:
Hypertension
atherosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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?
 If so, specify _____
 (Signed) Sinclair Black, M. D.
 (Address) 924 Pry Bldg
ICC Bldg

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.

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FEB 18 1938

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MO. STATE BOARD OF HEALTH

STATE OF MISSOURI

DEPARTMENT OF HEALTH

ST. LOUIS, MISSOURI

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