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.

REC'D APR 22 1938

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

Do not use this space.

11863

Registration District No. 732 — File No. 119

Primary Registration District No. 4437 — Registered No. 732

1. PLACE OF DEATH
County RANDOLPH
Township ~~MONITEAU~~
City HIGBEE (No. ..... St. ..... Ward)

2. FULL NAME ELSIE JANE LAMBIER 511

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

Length of residence in city or town where death occurred 48 yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
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) FEB 23 1883

7. AGE: YEARS 55 | MONTHS 1 | DAYS 27 | If LESS than 1 day, ✓ hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE ~~WIFE~~ KEEPER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. SELF
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) KALO IOWA

FATHER

13. NAME WILLIAM HENRY LAMBIER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CAYUGA ONTARIO CANADA

MOTHER

15. MAIDEN NAME MARGARET WALTON
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WEARDALE ENGLAND

17. INFORMANT MRS. DAVE DAVIS
(ADDRESS) HIGBEE MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE CITY CEMETARY DATE APRIL 4 1938

19. UNDERTAKER G. R. Lambier
(ADDRESS) Higbee Mo.

20. FILED 4-4 1938 J. H. Winn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1936, to April 2, 1938.
I last saw her alive on April 2, 1938. Death is said to have occurred on the date stated above, at 6:10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the common bile duct and the duct of Wirsung at the Ampulla of Vater with metastasis to the head of the pancreas, liver and small intestine.	About 2½ years to my knowledge

Other contributory causes of importance: NO

Name of operation Laparotomy Date of 1936
What test confirmed diagnosis? Clinical (Microscopic) 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) W. V. Burden M.D.
(Address) Higbee, Mo.

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