

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

32772
Do not use this space.

1. PLACE OF DEATH

(a) County Merger Registration District No. 034
(b) Township Washington Primary Registration District No. 0747 Registered No. 10
(c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Mill-Grove 720. St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Elizabeth Lambert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30 1875

7. AGE YEARS 63 MONTHS 4 DAYS 15 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as 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) Grant County Ky.

FATHER 13. NAME David Lambert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant County Ky.

MOTHER 15. MAIDEN NAME Martha Abernathy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant County Ky.

17. INFORMANT (ADDRESS) Mrs. Otto Gregory
Princeton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Corn DATE Sept 17 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wail Moss
Princeton, Mo.

20. FILED Sept 18 1938 Mrs. Claud Thomas
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 12 1938, to Sept. 15 1938

I last saw h. im alive on Sept. 15 1938 Death is said

to have occurred on the date stated above, at 12 noon

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

Cardio-vascular-renal disease Date of onset
with generalized anasarca. unk.

Diabetes mellitus.

Other contributory causes of importance: Exhaustion.

Name of operation None Laboratory Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury 1938

Where did injury occur? No

(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) A. S. Bristow A. S. Bristow, M.D.

(Address) Bristow Bldg.,

Princeton, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

Neil

Mass

, or by *NE*

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Neil Mass

Licensed Embalmer No. _____

2634

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.