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.

OCT 25 1938

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

Do not use this space.

1. PLACE OF DEATH
County Nodaway
Township Jackson
City Ravenwood - R.F.D. (No. 74, St., Ward)

Registration District No. 629
Primary Registration District No. 5831

File No. 32924
Registered No.

2. FULL NAME Lewis Lambert 511

(a) Residence, No. (Usual place of abode) St., Ward.
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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10-1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	66	10	12	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own Farm

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 48 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glenwood Iowa

FATHER

13. NAME James Lambert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown W. Va.

MOTHER

15. MAIDEN NAME Lydia Shepardson

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

17. INFORMANT (ADDRESS) Mrs. Lewis Lambert Ravenwood, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Shenandoah, Ia. DATE Sept. 24 1938

19. UNDERTAKER (ADDRESS) Stanley Swanson Hopkins - Mo

20. FILED Sept. 24 1938 Grace Buhall - Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1938, to Sept. 22, 1938
I last saw h. him alive on June 15, 1938 Death is said to have occurred on the date stated above, at 8:45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation None 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? No.
If so, specify

(Signed) Chas. T. Dees, M. D.
511 (Address) Maryville, Mo.