

REC'D JUN 20 1939

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

19877
Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 796
(b) Township Marshall Primary Registration District No. 3038
(c) City Marshall (d) Street No. Missouri State School Building
(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. 516 Donald Lee Lambert St. Marionville Mo
(Usual place of abode, if no street address, write county or city) (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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1, 1914
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 24 10 21
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as saw mill, bank, etc. None
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) Bellefonte Pa
13. NAME Joseph P. Lambert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monterey Mo
15. MAIDEN NAME Grace E. Pinkley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds Co Mo
17. INFORMANT (ADDRESS) School Record Marshall
18. BURIAL, CREMATION, OR REMOVAL PLACE Fronton, Mo DATE May 24 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Campbell-Lewis Marshall Mo
20. FILED 5-23-39 Mary Kent Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1939
22. I HEREBY CERTIFY, That I attended deceased from Oct. 13 1938 to May 22 1939
I last saw him alive on May 21 1939 Death is said to have occurred on the date stated above, at 7:00 a.m.
The principal cause of death and related causes of importance were as follows:
acute abscess
multiple
Date of onset _____
Other contributory causes of importance: _____
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? No
If so, specify _____
(Signed) J. Maphis, M. D.
(Address) Marshall

(Licensed Embalmer's Statement on Reverse Side)

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.

15208

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6/8/39

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,

R. W. Campbell

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

R. W. Campbell

Licensed Embalmer No.

3469

P. O. Address

Marshall, N.C.

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.

OFFICE OF DEATH

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

19877
Do not use this space.

1. PLACE OF DEATH

(a) County Saline

Registration District No. 796

(b) Township Marshall

Primary Registration District No. 3038

Registered No. 89

(c) City Marshall

(d) Street No. 796

(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 7 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? 7 yrs. 0 mos. 0 ds.

2. PRINT FULL NAME

(a) Residence, No. Donald Lee Lambert St. Marshall

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

w

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

s

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

24

10

21

OCCUPATION

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. FUNERAL DIRECTOR
(ADDRESS)

20. FILED

19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-22-39

22. I HEREBY CERTIFY, That I attended deceased from
19..... to 19.....

I last saw h..... alive on....., 19..... 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:

acute abscess
multiple of scalp,
both upper and lower
extremities and back.
A.M.D.

Other contributory causes of importance:

Streptococcus
15

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....., 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) J. B. Maple, M. D.

(Address) Marshall

