

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

Do not use this space.

OCT 20 1939

1. PLACE OF DEATH

County Linn Registration District No. 504
Township Grantsville Primary Registration District No. 5117
City (No.) St. Ward)

File No. 32879

Registered No. 8

2. FULL NAME 516 Polly Lambert

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. D. Lambert, (dec)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24, 1863
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 8 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
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) North Salem Missouri

FATHER 13. NAME Thomas Standifer

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

MOTHER 15. MAIDEN NAME Elizabeth Peavler

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

17. INFORMANT Frank Lambert
(ADDRESS) Purdin, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Bear Branch DATE 9/11/1939

19. UNDERTAKER Thorne Undertaking Co.
(ADDRESS) Linneus, Missouri

20. FILED 9-19- 1939 U. C. Dryden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1939, to Sept 10, 1939
I last saw h. u alive on Sept 10, 1939. Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus

Date of onset

Unknown

Other contributory causes of importance:

Diabetic gangrene
left foot

July 29

Name of operation None Date of
What test confirmed diagnosis? Urinal 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. Lane Evans M. D.
(Address) Brookfield, Missouri

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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FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE