

1 PLACE OF DEATH
County Montgomery Registration District No. 904 No. 75874
Township _____ Primary Registration District No. 399 File No. _____
or Village _____ No. Miami Valley Hosp. Registered No. 3059
or City of Dayton (If death occurred in a hospital or institution, give its name instead of street and number)
Length of residence in city or town where death occurred _____ mo. _____ d. How long in U. S., if of foreign birth? _____ mo. _____ d.
2 FULL NAME Lela Lambert Did Deceased Serve in _____
(a) Residence. No. _____ St. _____ Ward Summitton Ohio
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR or RACE W 5. SINGLE, MARRIED, WIDOWED, DIVORCED Married
6. If Married, Widowed, or Divorced Husband or (ex) Wife of Jack Lambert
7. DATE OF BIRTH (month, day, and year) Oct. 7, 1908
8. AGE (years) Months Days If LESS than 1 day _____ mo. _____ d. _____ hr. _____ min.
33 2 3
9. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. clerk
10. Industry or business in which work was done, as mill, saw mill, bank, etc. Department Store
11. Date deceased last worked at this occupation (month and year) Nov 1939 11. Total time (years) spent in this occupation 9 yrs
12. BIRTHPLACE (city or town) (State or country) Walt Dick Ky
13. NAME Lela Collins
14. BIRTHPLACE (city or town) (State or country) Ky
15. MAIDEN NAME C. Elizabeth Thence
16. BIRTHPLACE (city or town) (State or country) Ky
17. The Signature of Informant Bessie B. Witt
and (Address) Summitton Ohio
18. BURIAL, CREMATION, OR REMOVAL Place Walt Dick Ky Date Nov. 15, 1941
19. FUNERAL FIRM App Funeral Home
19a. BURIED BY John A. App Lic. No. 250
Address Summitton, Ohio
19b. EMPHALMER John A. App Lic. No. 3918
20. FILED 12-11-41 W. H. [Signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-10-41
22. I HEREBY CERTIFY, That I attended deceased from 12-9 1941, to 12-10 1941.
I last saw her alive on 12-10 1941, death is said to have occurred on the date stated above at 8:20 A.
The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:
Pulmonary tuberculosis & Tuberophlebotomias
List of vital
38
CONTRIBUTORY CAUSES of importance not related to principal cause:
Coronary Heart Failure
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____
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. D. Schaeffer M. D.
Date 12-10-41 Miami Valley Hosp.

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. See instructions on back of certificate.