WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAY 22 1933

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

Do not use this space. Marshall 9:30

1. PLACE OF DEATH
County Franklin — Registration District No. 297 — File No. 12903
Township — Primary Registration District No. 2016 — Registered No. 34
City Villa Ridge (No. ..., ... St. ..... Ward)

2. FULL NAME Louisa P. Lambeth
(a) Residence, No. Villa Ridge, Missouri St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 87 yrs. 10 mos. 13 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.F. Lambeth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22, 1845

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
87	10	13	

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.
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) Franklin County Missouri

FATHER
13. NAME James Thompson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Susan Wood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) C.D. Lambeth Villa Ridge, Mo.

18. BURIAL, CREMATION, OR REMOVAL
Pleasant Hill Cem. V.Ridge DATE Apr. 7, 1933

19. UNDERTAKER (ADDRESS) Atty of Company Washington Mo.

20. FILED Apr. 7, 1933 O. L. Nunnick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/5, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5/22, 1933, to 4/5, 1933
I last saw her alive on 4/5, 1933. 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:

	Date of onset
Cerebral hemorrhage	4/2/33
131	
82	

131

Other contributory causes of importance:
Cardio-Vascular-Renal disease

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? —
If so, specify —
(Signed) John R. Marshall, M. D.
(Address) Union, Mo.