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

White

Do not use this space.

File No. 23184

Registered No. 24

1. PLACE OF DEATH
County Boone — Registration District No. 72
Township — Primary Registration District No. 4041
City Centralia (No. , St. Ward)

2. FULL NAME Penneelia 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.

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.

AUG 14 1934

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
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: John Lambert
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 21 1851
7. AGE — YEARS: 82 — MONTHS: 8 — DAYS: 0 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
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): Kentucky

FATHER
13. NAME: Robert Wade
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Francis Buckner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

17. INFORMANT (ADDRESS): Mrs W. E. Lambert Centralia Mo.
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Centralia Mo DATE: 7-23 1934
19. UNDERTAKER (ADDRESS): W. F. McDonald Centralia Mo
20. FILED 7/23 1934 J. E. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-21 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan 1934, to July 21 1934
I last saw her alive on July 21 1934. Death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy.	7-18
92A	
92A	
Other contributory causes of importance:	
Endocarditis	—

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 , 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) W. E. White, M. D.
(Address) Centralia Mo

#2.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON 23184

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

Boone

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Permelia Lawhead

Who died at _____ on July 21 - 1934

Residence: No. _____ St. _____

(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex F Color or race W ~~Single~~, married, widowed or ~~divorced~~: _____

Date of birth _____ Age: Years 82 Months 8 Days 0

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year Cerebral apoplexy

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) Tennessee

Principal cause of death: Chronic

Other contributory causes of importance 42 as

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician W. J. White

Address of physician Centralia Mo

Signature of Registrar J. F. Hickerson Date filed

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 72

Primary Reg. Dist. No. 4041

E. T. McGaugh
State Registrar

Special Agent.

S-23184