

JUN 22 1936

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

Do not use this space.

20006

1. PLACE OF DEATH

County Macon
Township Macon
City Macon (No.)

Registration District No. 533
Primary Registration District No. 3027

File No.
Registered No. 63
St. Ward)

2. FULL NAME Frank Lampkin

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M -

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 1936

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

22. I HEREBY CERTIFY That I attended deceased from March 1, 1936, to May 21, 1936. I last saw him alive on May 21, 1936. Death is said to have occurred on the date stated above, at 6:00 m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1868

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

Date of onset

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

Tuberculosis Lung

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)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co. Mo

13. NAME Don't know

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) Artie Tolson Macon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Cem. DATE May 23, 1936

19. UNDERTAKER (ADDRESS) Albert Steiner Macon Mo

20. FILED 6/10 1936 Geo. H. Hunter Registrar.

Other contributory causes of importance: 23

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) A. J. Tolson, M. D.

(Address) Macon Mo

