JUL 18 1936

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

Do not use this space.

22259

1. PLACE OF DEATH
County: Carroll
Township: Hurricane
City: Hale (No. ..... St. ..... Ward)

Registration District No. 137
Primary Registration District No. 4077

File No.
Registered No. 7

2. FULL NAME: Ethel A. Lampkin

(a) Residence, No. ..... Hale Mo 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 18 - 1890

7. AGE: 44 YEARS 11 MONTHS 6 DAYS. If LESS than 1 day, ... hrs. or ..... min.

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): Osceola, Iowa

FATHER
13. NAME: James A. Thomas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Verlene Lampkin

18. BURIAL, CREMATION, OR REMOVAL PLACE: Rock Branch DATE: June 25 1936

19. UNDERTAKER (ADDRESS): F. E. Slate, Hale, Mo.

20. FILED 6-25 1936 W P Kennedy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1936, to June 24, 1936

I last saw her alive on June 24, 1936. Death is said to have occurred on the date stated above, at 4 P.M.

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

	Date of onset
Carcinoma of Liver	

Other contributory causes of importance:

Name of operation: none 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? No
If so, specify

(Signed) W P Kennedy, M. D.
(Address) Hale Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.