AUG 21 1936

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

Do not use this space.

27012

1. PLACE OF DEATH

County Jasper — Registration District No. 411 — File No.

Township Sarcoxie — Primary Registration District No. 2002 — Registered No.

City Joplin (No. #215 Freeman Hospital St. Ward)

2. FULL NAME Gladys Lampkins

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. X mos. X 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Charles W. Lampkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26, 1891

7. AGE: YEARS 45 — MONTHS 2 — DAYS 11 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Purdy Missouri

FATHER

13. NAME Frank L. Lambert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Anna Stinnett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Family

18. BURIAL, CREMATION, OR REMOVAL
PLACE Minnie Chapel Cem Wheaton Mo DATE July 9, 1936

19. UNDERTAKER (ADDRESS) Lansher Mortuary 1502 Joplin St. Joplin Mo

20. FILED 7-8 1936 Ed D Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 27 - 1936 to July 7, 1936
I last saw her alive on July 7, 1936. Death is said to have occurred on the date stated above, at 2:50 a.m.
The principal cause of death and related causes of importance were as follows:

Coronary embolus — Date of onset

948

Other contributory causes of importance:

~~[illegible]~~ Adhesions from previous Surgical work

Name of operation Laparotomy Date of June 27/36

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? No
If so, specify

(Signed) Mitchell Gregg, M. D.

(Address) Joplin Mo.