

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

Do not use this space.

AUG 24 1937

27451

1. PLACE OF DEATH

County Jasper Registration District No. 408
Township Carthage Primary Registration District No. 3020
City Carthage No. 1 St. Carthage (If nonresident, give city or town and State) Ward

2. FULL NAME

Lizzie Pemberton
(a) Residence, No. 297 Greer St., Carthage Ward. (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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 1862

7. AGE YEARS 75 MONTHS 4 DAYS 5 If LESS than 1 day, hrs. or min.

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) Sherman (STATE OR COUNTRY) Texas

13. NAME Robert Emerson

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

15. MAIDEN NAME Lige

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

17. INFORMANT Mrs. Grace Orvin (ADDRESS) Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Hill Cem. DATE July 9, 1937

19. UNDERTAKER Knee Mistway (ADDRESS) Carthage, Mo.

20. FILED July 9, 1937 S. B. Childen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 26, 1934 to July 6, 1937

I last saw him alive on July 1, 1937 Death is said to have occurred on the date stated above, at 2 A. m.

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

Chronic Myocarditis
Coronary occlusion

Other contributory causes of importance: 930

Name of operation none Date of —

What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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 George H. Wood, M. D.

(Signed) George H. Wood (Address) Carthage Mo

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

V. S. NO. 2
FORM 2-23-36
I X314

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.

