REC'D SEP 28 1938

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

Do not use this space.

File No. 29796

Registered No. 17

1. PLACE OF DEATH
County: Pulaski
Township: Lanard
City: ..... (No. ..... St. ..... Ward)
Registration District No. 716
Primary Registration District No. 5945

2. FULL NAME: Sylvia Lena Griffin Lamberson

(a) Residence, No. 511 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: 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: Clark Lamberson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 18 1919

7. AGE: Years 19 Months 4 Days 27 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): July 1938
11. Total time (years) spent in this occupation: Unknown

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

FATHER
13. NAME: William A. Griffin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pulaski Co. Mo.

MOTHER
15. MAIDEN NAME: Mary E. Gibson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miller Co. Mo.

17. INFORMANT (ADDRESS): William Griffin Crocker Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mad Dog Cem. DATE: Aug 11, 1938

19. UNDERTAKER (ADDRESS): J. Hoops Johns Crocker Mo.

20. FILED: Aug 11, 1938 H. Lee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1938, to Aug 10, 1938
I last saw him alive on Aug 10, 1938. Death is said to have occurred on the date stated above, at 1:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	7/24/38
Other contributory causes of importance:	
Chronic Nephritis	

Name of operation: none 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? No
If so, specify: .....
(Signed) H. Lee, M. D.
(Address) 643 Crocker Mo.

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

AUG 27 1948