

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.

JUL 14 1939

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

Do not use this space.

22174

1. PLACE OF DEATH

County Greene
Township Center
City 513 Virgil

Registration District No. 320
Primary Registration District No. 5443

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Virgil C. Lambeth

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Kate P. Penick</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov - 26 - 1877</u>				
7. AGE	YEARS <u>67</u>	MONTHS <u>6</u>	DAYS <u>21</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant</u>			
	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) <u>June 17 1939</u>		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lewistown Pa</u>				
MOTHER	13. NAME <u>Jennings W. Lambeth</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greensborough N.C.</u>			
	15. MAIDEN NAME <u>Julia Berman</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lewistown Pa</u>			
17. INFORMANT <u>Mrs James Murray</u> (ADDRESS) <u>Julia Berman</u>				
18. BURIAL CREMATION OR REMOVAL PLACE <u>First Grove Cem</u> DATE <u>6/20 39</u>				
19. UNDERTAKER <u>Redfern Funeral Home</u> (ADDRESS) <u>1005 Pine St</u>				
20. FILED <u>6/19 1939</u> <u>Lucy E. Hayes</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-17-1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 11 1937 to June 17 1939
I last saw him alive on March 9 1939 Death is said to have occurred on the date stated above, at 5 pm m.
The principal cause of death and related causes of importance were as follows:
Arteriosclerosis of
Sigmoideal Colon
Date of onset 11/30/37

Other contributory causes of importance: 46

Name of operation Colostomy Date of 11/30/37
What test confirmed diagnosis? Phys Exam 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) Edward L. Brown, M. D.
(Address) 415 Highland Blvd
Springfield Mo

