

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.

## 1. PLACE OF DEATH

County .....

Civil Dis. ....

Village .....

City .....

Registration District No. ....

Primary Registration District No. ....

(No. Baptist Hosp. .... St.;

(If death occurred in a hospital or institution, give NAME instead of street and number)

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.

2. FULL NAME ROGER H. LAMBRIGHT(a) Residence: No. .... St., .... Ward. Jefferson City, Tenn

(Usual place of abode)

(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)  
Married5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of Neva Wrotten Lambright6. DATE OF BIRTH (month, day, and year) 2-12-18927. AGE  
Years Months Days If LESS than  
1 day, ..... hrs.  
or ..... min.  
44 0 238. Trade, profession, or particular  
kind of work done, as spinner,  
sewer, bookkeeper, etc. Registrar9. 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  
occupation12. BIRTHPLACE (city or town)  
(State or country) Miss.13. NAME L. G. Lambright14. BIRTHPLACE (city or town)  
(State or country) Miss.15. MAIDEN NAME Leona Lilly Harrington16. BIRTHPLACE (city or town)  
(State or country) Miss.17. INFORMANT Mrs. R. H. Lambright  
(Address) Jefferson City, Tenn.18. BURIAL, CREMATION, OR REMOVAL  
Place Brookhaven, Miss. 3-6-36 19.19. UNDERTAKER Cole-Wilson  
(Address)20. FILED 3-18-36, 19 L. M. Graves  
Registrar.STATE OF TENNESSEE  
STATE DEPARTMENT OF HEALTH  
Division of Vital Statistics  
CERTIFICATE OF DEATH

COPY

NON RESIDENT 1177  
Reg. No. 1149

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 4, 1936, 1922. I HEREBY CERTIFY, That I attended deceased from 2-27-3619....., to 3-3-36, 19.....I last saw him alive on 3-3-36, 19....., death is saidto have occurred on the date stated above, at 3:25 AMThe principal cause of death and related causes of importance in order of onset were  
as follows:Bilateral broncho-pneumonia  
Septic infection of genitals  
secondary to urinary extravasation

Contributory causes of importance not related to principal cause:

Urethral strictureName of operation Incision & drainage 2-27-36  
of abscessWhat 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) R. L. Sanders..... M. D.

(Address).....