

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

Do not use this space.

25012

1. PLACE OF DEATH  
 97 County Calumet Registration District No. 796  
 5 Township Marshall Primary Registration District No. 3038  
 7 City Marshall Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mattie Lawrence  
 (a) Residence, No. \_\_\_\_\_ 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.

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Lawrence

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 22 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
49      3      18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Mo. 1

MOTHER FATHER  
 13. NAME Richard Green  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia 2  
 15. MAIDEN NAME Lizzie Walker  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

17. INFORMANT George Smith  
 (ADDRESS) \_\_\_\_\_  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Green DATE July 16 1932

19. UNDERTAKER Ferguson & Sheedans  
 (ADDRESS) \_\_\_\_\_

20. FILED 7-22-32 1932 H. C. Postman  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12 - 1932

22. I HEREBY CERTIFY, that I attended deceased from May 23<sup>rd</sup> 1932 to July 12 1932  
 I last saw her alive on July 12 1932. Death is said to have occurred on the date stated above, at 6:15 P.M.  
 The principal cause of death and related causes of importance were as follows:  
interstitial Nephritis      Date of onset Sept 1931  
131  
930/131  
 Other contributory causes of importance: Myocarditis      10 days

Name of operation Laparotomy Date of May 26-32  
 What test confirmed diagnosis Physic 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) W. H. Madison, M. D.  
 (Address) Marshall Mo.

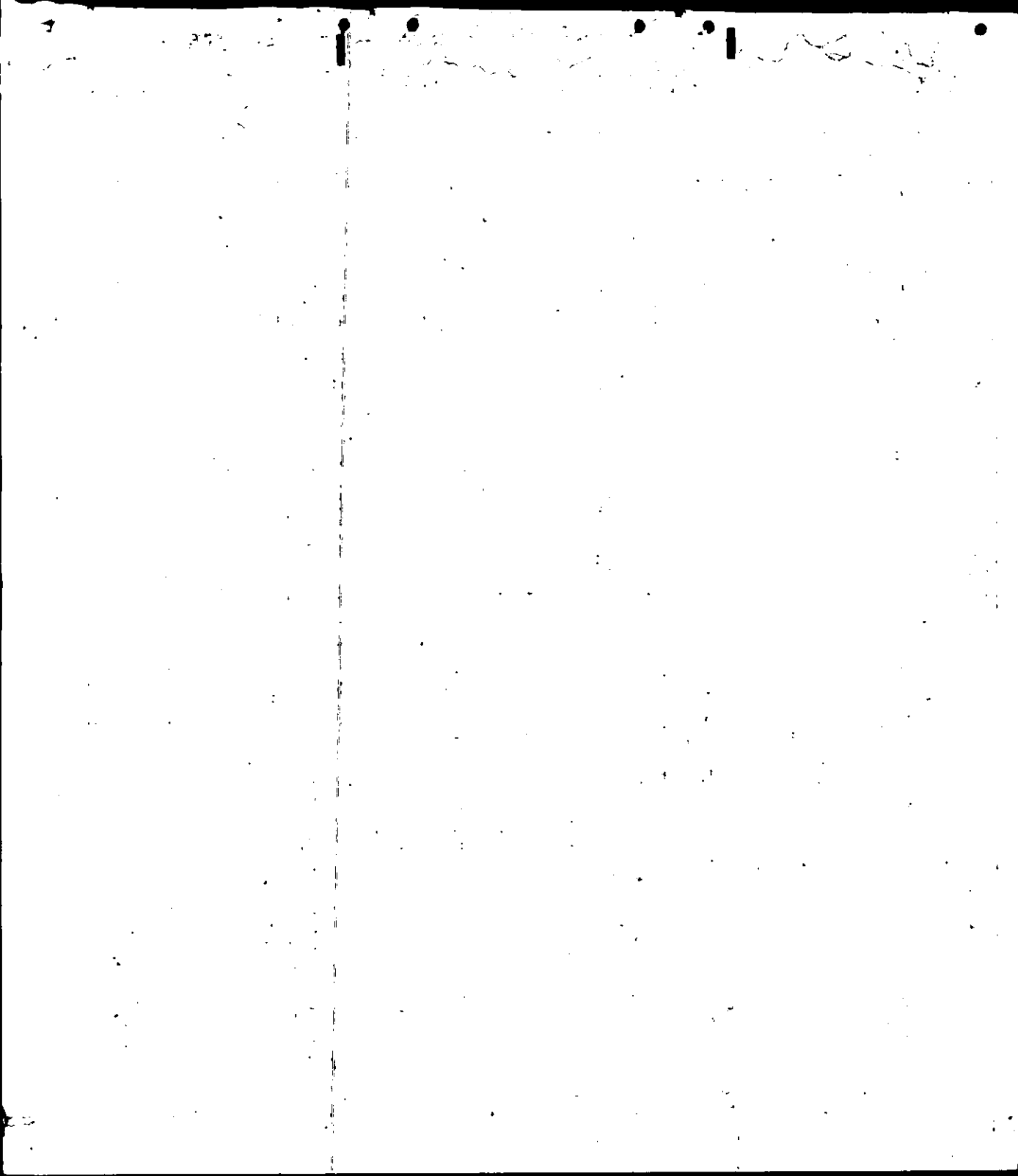
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

AUG 29 1932

MARGIN RESERVED FOR BINDING

V. S. NO. 2



Dr. JAMES STEWART,  
SPECIAL AGENT,  
JEFFERSON CITY, MISSOURI.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
WASHINGTON

796

#2 25012

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Mattie Lawrence  
Who died at Marshall, Mo. on July 12, 1932.  
(City) (County) (Date)

Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex \_\_\_\_\_ Color or race \_\_\_\_\_ Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month 131 Year \_\_\_\_\_

Birthplace (State or Country) \_\_\_\_\_

Birthplace of father (State or Country) \_\_\_\_\_

Birthplace of mother (State or Country) \_\_\_\_\_

Principal cause of death: Interstitial Nephritis  
Multiple fibrous scars removed

Other contributory causes of importance: Myocarditis

Name of operation: Laparotomy Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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.

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