

'SEP 26 1935

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

Do not use this space.

28330

1. PLACE OF DEATH

County Saline  
Township Marshall  
City (No. ....) St. .... Ward .....

Registration District No. 796  
Primary Registration District No. 6039

File No. ....  
Registered No. 127 St. .... Ward .....

2. FULL NAME

Anthony 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
80 36

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor  
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) (STATE OR COUNTRY) Mo

13. NAME Samuel Lawrence

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

15. MAIDEN NAME Hanette Shackelford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Enter Lawrence

18. BURIAL, CREMATION, OR REMOVAL

PLACE Franklin Ave Co DATE Aug 17 1935

19. UNDERTAKER Erington Williams

(ADDRESS) Marshall Mo

20. FILED Aug. 17 1935 Nehemiah Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16 1935

22. I HEREBY CERTIFY, That I attended deceased from

July 26 1935, to Aug 16 1935

I last saw him alive on Aug 6 1935. Death is said

to have occurred on the date stated above, at 4:30 m.

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

Valvular Heart Disease Date of onset Don't know

Other contributory causes of importance Cirrhosis of Liver Date of onset Don't know

Name of operation None Date of .....

What test confirmed diagnosis? Physician's 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) W. H. Madison M. D.

(Address) Marshall Mo

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.

