

MAY 25 1936

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

Do not use this space.

16329

1. PLACE OF DEATH

County Pettis  
Township  
City Sedalia (No. Bothwell Hosp #2)

Registration District No. 668  
Primary Registration District No. 3032

File No. 110  
Registered No. 668  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Stanley W. Lawrence

(a) Residence, No. Marshall R.R. #1 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 <u>7</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 4 - 1916</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>3</u>	<u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>X</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>X</u>		
10. Date deceased last worked at this occupation (month and year) <u>X</u>		11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Marshall R.R. #1  
(STATE OR COUNTRY) Saline Co. Mo.

13. NAME Stanley Lawrence

14. BIRTHPLACE (CITY OR TOWN) Saline Co. Mo.  
(STATE OR COUNTRY)

15. MAIDEN NAME Joseph Benderman

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

17. INFORMANT Stanley Lawrence  
(ADDRESS) Marshall R. #1

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Saline Co. Mo. DATE 4-9-1936

19. UNDERTAKER F. D. Ferguson  
(ADDRESS) Sedalia

20. FILED 4-9-1936 Jess Slack  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-8 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-7 1936 to 4-8 1936

I last saw him alive on 4-7 1936 Death is said to have occurred on the date stated above, at U. S.

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

Intussusception Date of onset 4/6/36

only seen by one clinician at office

Other contributory causes of importance: 122

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis clinical Was there an autopsy? \_\_\_\_\_

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. H. H., M. D.  
(Address) W. H. H. H. Mo.

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.

