LOCAL REGISTRAR'S REPORT—DO NOT TEAR LEAF OUT

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.

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

1. PLACE OF DEATH
County Howell Dry Creek Registration District No. 387 File No. 4719 a
Township ~~Willow Springs~~ Primary Registration District No. 5540 Registered No.
City Burnham (No. St. Ward)

2. FULL NAME Margaret Lenore Lawson
(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 1 yrs. 6 mos. 27 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX girl
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-25-21.
7. AGE Years 1 Months 6 Days 27 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Burnham
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Walter W Lawson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Baileyton
(STATE OR COUNTRY) Tenn.
12. MAIDEN NAME OF MOTHER Ethel Blankenbeckler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Brandsville
(STATE OR COUNTRY) Missouri

14. INFORMANT Walter Lawson
(Address) Burnham Mo
15. FILED 5/20, 1923. A. P. Cottrell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 20 1923
17. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1923, to Feb 21, 1923 that I last saw her alive on Feb 20, 1923, and that death occurred, on the date stated above, at 5 20 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza Pneumonia
(duration) yrs. about mos. 1 ds.
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
9 DID AN OPERATION PRECEDE DEATH? — DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Gen Findings
(Signed) D D Cox, M. D
Feb 21, 1923 (Address) Pomona Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Burnham - Missouri
DATE OF BURIAL Feb. 22, 1923
20. UNDERTAKER Family in charge
ADDRESS Burnham Mo.

LOCAL REGISTRAR'S REPORT—DO NOT TEAR LEAF OUT

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

1. PLACE OF DEATH

County Howell — Registration District No. ..... File No. .....

Township Willow Springs — Primary Registration District No. ..... Registered No. .....

City Burnham (No. ....., ... St. ..... Ward)

2. FULL NAME Margaret Lenore Lawson.

(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: Girl

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-25-21.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
1	6	27	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Burnham
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Walter W Lawson.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bailey ton
(STATE OR COUNTRY) Tenn

12. MAIDEN NAME OF MOTHER Ethel Blankenbeckler.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Brandsville
(STATE OR COUNTRY) Missouri

14. INFORMANT .....
(Address)

15. FILED ....., 19.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 19

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 5.20 [illegible]

THE CAUSE OF DEATH* WAS AS FOLLOWS:

.....

.....

.....

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) ....., M. D

....., 19 (Address)

*State, the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Burnham Mo — DATE OF BURIAL: Feb 22 1923

20. UNDERTAKER — ADDRESS

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

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