

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

14502  
4089

1. PLACE OF DEATH

County..... Registration District No. 802  
Township..... Primary Registration District No. 1112  
City St. Louis (No. 1112 S. Leonard av)

File No. ....  
Registered No. 4089 St. .... Ward

2. FULL NAME Felix Lawson

(a) Residence, No. 1112 S. Leonard St., 3 Ward. (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 Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-10-1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
38 10 — 27 — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Union Town (STATE OR COUNTRY) ala

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) " " (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Don't know

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

14. INFORMANT 3da. May Lawson (Address) 3129 - 105ale

15. FILED APR 21 1923 May B. Starkeoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 17 1923

17. I HEREBY CERTIFY That I attended deceased from Feb to April 17, 1923 that I last saw alive on Feb 17, 1923, and that death occurred, on the date stated above, at 10:55 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Myocardial stenosis

92R (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

no DID AN OPERATION PRECEDE DEATH? DATE OF

no WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Cholesterol

(Signed) H. B. D. P. Rev, M. D.

Apr 18, 1923 (Address) 241 S Jefferson

\*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 Washington Park DATE OF BURIAL 4-22 1923

20. UNDERTAKER Peoples and Co ADDRESS 3042 Franklin

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.

# vised United States Standard Certificate of Death

Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation.**—Precise statement of pation is very important, so that the relative thfulness of various pursuits can be known. The tion applies to each and every person, irrespec- of age. For many occupations a single word or on the first line will be sufficient, e. g., *Farmer* or *nter, Physician, Compositor, Architect, Locomo- Engineer, Civil Engineer, Stationary Fireman, etc.* In many cases, especially in industrial employ- its, it is necessary to know (a) the kind of work also (b) the nature of the business or industry, therefore an additional line is provided for the er statement; it should be used only when needed. examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Sales-*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile fac-*. The material worked on may form part of the ond statement. Never return "Laborer," "Fore- n," "Manager," "Dealer," etc., without more cise specification, as *Day laborer, Farm laborer, orer—Coal mine*, etc. Women at home, who are aged in the duties of the household only (not paid usekeepers who receive a definite salary), may be ered as *Housewife, Housework* or *At home*, and dren, not gainfully employed, as *At school* or *At he*. Care should be taken to report specifically occupations of persons engaged in domestic vice for wages, as *Servant, Cook, Housemaid*, etc. the occupation has been changed or given up on ount of the DISEASE CAUSING DEATH, state occu- tion at beginning of illness. If retired from busi- ss, that fact may be indicated thus: *Farmer (re- ed, 6 yrs.)* For persons who have no occupation atever, write *None*.

**Statement of Cause of Death.**—Name, first, e DISEASE CAUSING DEATH (the primary affection th respect to time and causation), using always the me accepted term for the same disease. Examples: *erebrospinal fever* (the only definite synonym is *Epidemic cerebrospinal meningitis*"); *Diphtheria* void use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Broncho- pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of..... (name ori- gin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); *Measles, Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or in- tercurrent) affection need not be stated unless im- portant. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptom- atic), "Atrophy," "Collapse," "Coma," "Convul- sions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hem- orrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child- birth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by rail- way train—accident*; *Revolver wound of head— homicide, Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*), may be stated under the head of "Contributory." (Recommend- ations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

**NOTE.**—Individual offices may add to above list of undesir- able terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificate. will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemor- rhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS  
BY PHYSICIAN.