1 1928

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

Do not use this space. 721

1. PLACE OF DEATH
County Gentry
Registration District No. 309
Township
Primary Registration District No. 4185
City Albany (No. , St. Ward)
File No.
Registered No. 5

2. FULL NAME Mrs Hester 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widow of Thomas Lawson
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept the 2 - 1869
7. AGE: Years 58 | Months 4 | Days 25 | If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife 92 8
(b) General nature of industry, business, or establishment in which employed (or employer): 93
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indianna
PARENTS
10. NAME OF FATHER: Thomas Crum
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Indianna
12. MAIDEN NAME OF MOTHER: Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Know
14. INFORMANT: L E Tweedell
(Address) Albany Mo
15. FILED: Feby 2, 1928 W. T. Martin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 27 1928
17. I HEREBY CERTIFY, That I attended deceased from Oct. 1926, to Jan. 27, 1928, that I last saw her alive on Jan. 27, 1928, and that death occurred, on the date stated above, at 8:40 P.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aortic Stenosis, following Myocarditis (chronic)
(duration) 1 yrs. 6 mos. ds.
CONTRIBUTORY (SECONDARY): Myocarditis
(duration) 1 yrs. 6 mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. I. Pray, M.D.
2/2, 1928 (Address) Albany, 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Grand View
DATE OF BURIAL: Jan. 28 1928
20. UNDERTAKER: T R Shockley
ADDRESS: Albany Mo