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.

PR 2 1928

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

Do not use this space.

8508

1. PLACE OF DEATH
County GENTRY
Township ~~JACKSON~~
City KING CITY, (No. ..... St. ..... Ward)
Registration District No. 312
Primary Registration District No. 4188
File No. .....
Registered No. 7

2. FULL NAME LUTHER ROBERT LAWLESS

(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 7 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): SINGLE

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) DEC. 13, 1919.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
8	3	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) TARKIO
(STATE OR COUNTRY) MO.

PARENTS
10. NAME OF FATHER THOMAS LAWLESS
11. BIRTHPLACE OF FATHER (CITY OR TOWN) MIDDLEBORO.
(STATE OR COUNTRY) KY.
12. MAIDEN NAME OF MOTHER GRACE SAUCEMAN
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) WATSON
(STATE OR COUNTRY) MO.

14. X INFORMANT R W Sauceman
X (Address) King City, Mo.

15. FILED Mch 17, 1928 A W Paulette
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3 - 16 - 1928

17. I HEREBY CERTIFY, That I attended deceased from 1926, 19..., to March 10, 1928 that I last saw him alive on March 15, 1928, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis

23A (duration) 3 yrs. mos. ds.

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

31

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Sig[illegible]) E E Blacklick, M. D
3/16, 1928 (Address) King City 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: Grange Hall near Rockport ~~KING CITY~~, CEMETERY
DATE OF BURIAL: 3/17/28 19

20. UNDERTAKER: H D Wilson
ADDRESS: King City, Mo