

JUN 1 1928

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

Do not use this space.

13137

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence (No.)

Registration District No. 398
Primary Registration District No. 3019

File No.
Registered No. 130
St. Ward

2. FULL NAME

Lester L. Lawson
(a) Residence. No. Lincoln, Neb. St. Lincoln, Neb. Ward. Lincoln, Neb.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred - yrs. - mos. 2 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 15 1901

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
26 5 17 = min.

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) River Work
(c) Name of employer Woods Bros Contract Co

9. BIRTHPLACE (CITY OR TOWN) Lyons, Neb (STATE OR COUNTRY)

10. NAME OF FATHER P. J. Lawson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lyons, Neb (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Cora M Newell

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

14. INFORMANT P. J. Lawson (Address) Route 7 - Lincoln Neb

15. FILED 4-16-28 F. L. COOK REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 7 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1928 to Apr 2, 1928 that I last saw him alive on Apr 2, 1928, and that death occurred, on the date stated above, at 9 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Non Epileptic Cerebral meningitis 109
101/101 (duration) yrs. mos. 3 ds.
CONTRIBUTORY Lobar pneumonia (SECONDARY) 109
Right lung (duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: At Weston Mo

DID AN OPERATION PRECEDE DEATH? No DATE OF -
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) H. Schreiber, M. D.
Apr 3, 1928 (Address) Independence 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 DATE OF BURIAL
Lincoln, Neb. April 4 1928

20. UNDERTAKER ADDRESS
Ott and Mitchell Indep 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.

