

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

Do not use this space.

14449-1

File No.
Registered No. 5
St. Ward

1. PLACE OF DEATH

County Randolph
Township Stevenson
City Stevenson

Registration District No. 731
Primary Registration District No. 5965

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

W

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

M

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

Laura Lawson

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

Oct-22-1856

7. AGE

YEARS
71

MONTHS
7

DAYS
18

IF LESS than 1 day, ... hrs. or min.

8. OCCUPATION OF DECEASED

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

Farmer

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Wm. Ky

10. NAME OF FATHER

Wm. H. Lawson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ky

12. MAIDEN NAME OF MOTHER

Mary Rucker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ky

14.

INFORMANT
(Address)

B. F. Prather
Salisbury Mo

15.

FILED Aug 10 1928

Bradshaw

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-10 1928

17.

HEREBY CERTIFY, That I attended deceased from March 27, 1928, to April 10, 1928, that I last saw him alive on April 10, 1928, and that death occurred, on the date stated above, at 3 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuber. Pneumonia

CONTRIBUTORY (SECONDARY)

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) W. C. Alexander, M. D.
, 19 (Address) Wright Hill 2-32

*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

Roanoke Cemetery 4-12-1928

20. UNDERTAKER ADDRESS

Winkelmayr Co Salisbury

