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

Do not use this space.

16374

JUL 5 1928

1. PLACE OF DEATH
County: Callaway
Township: Fulton
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 104
Primary Registration District No. 3008

File No. .....
Registered No. 98

2. FULL NAME: Robertia Lawrence

(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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 7/19 1873

7. AGE: Years 54 | Months 9 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER: Benjiman Fewell
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Mo/
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Lou Jones
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Mo.

14. INFORMANT: Zetta Lawrence
(Address): Fulton Mo.

15. FILED: May 12 28 R. N. Crews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 10 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr. 26. 1927, 19..., to present time. 19..., that I last saw her alive on April 10th, 1928, and that death occurred, on the date stated above, at 7.30 P.M., ..., m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac insufficiency following endocarditis, pelvic abcess.
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Exophthalmic goitre.
..... (duration) 10 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED: 600
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? P.E. Observation.
(Signed) Greene D. McCall, M.D.
, 19 (Address) Fulton 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: Concord Cemetry
DATE OF BURIAL: 5/12 28

20. UNDERTAKER: Herndon Taylor
ADDRESS: Fulton 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD