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.

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

Do not use this space.

18713

File No.

Registered No. 5107

1. PLACE OF DEATH

County

Township

City St. Louis (No. 5770 Pershing ave St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Samuel U. Lawry (LAWRY)

(a) Residence. No. St., 5 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: Male

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: Myra E. Lawry.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 23rd 1842

7. AGE: 85 YEARS | MONTHS: 10 | DAYS: 15 | If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired Farmer

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Caton
(STATE OR COUNTRY): New York

PARENTS

10. NAME OF FATHER: James Lawry

11. BIRTHPLACE OF FATHER (CITY OR TOWN): London
(STATE OR COUNTRY): England

12. MAIDEN NAME OF MOTHER: Ann Harrison

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

14. INFORMANT: Wife (Mrs Myra E. Lawry)
(Address) 5770 Pershing Ave

15. FILED ..., 19.. Louis Hoffman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 8 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 1928, to May 8, 1928, that I last saw h... alive on May 8, 1928, and that death occurred, on the date stated above, at 8 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY): Arteria Sclerosis

Senility (duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? At home

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms

May 8 1928 (Signed) J. W. Shanscloud M. D
(Address) 5802 Waterman Ave

*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: Ottawa Illinois

DATE OF BURIAL: May 11 1928

20. UNDERTAKER: Elmer Shepard

ADDRESS: 1167 Hamilton