

JUL 26 1928

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

Do not use this space.

21192

1. PLACE OF DEATH

County Livingston Registration District No. 513 File No. ....  
Township Shure Primary Registration District No. 5685 Registered No. 8  
City..... (No.....) St. .... Ward)

2. FULL NAME Charley Franklin Lawson

(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 Male 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) Aug. 13 - 1913

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ____ hrs. or ____ min.
	<u>15</u>	<u>9</u>	<u>30</u>	

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.....

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 12 1928

17. I HEREBY CERTIFY that I attended deceased from .....  
Did not attend ..... 19.....  
that I last saw h. .... alive on Decided 19....., and that death occurred, on the date stated above, at..... 8:30 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Fracture of Skull (accident)  
Dead instantly -  
1 mi. N.E. Utica Mo.

CONTRIBUTORY (SECONDARY) 1880

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? NO DATE OF.....  
WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) A. Callier, Coroner, M. D.  
July 13, 1928 (Address) Chillicothe, Livingston Co.

\*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 Utica, Mo. DATE OF BURIAL 6-14 1928

20. UNDERTAKER F.B. Norman ADDRESS Chillicothe Mo.

9. BIRTHPLACE (CITY OR TOWN).....  
(STATE OR COUNTRY) Arkansas

10. NAME OF FATHER Along Franklin Lawson

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....  
(STATE OR COUNTRY) Ind.

12. MAIDEN NAME OF MOTHER Gynthia Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....  
(STATE OR COUNTRY) Livingston Co. Mo.

14. INFORMANT Along Franklin Lawson  
(Address) Utica, Mo.

15. FILED June 14 1928 Anna L. Carpenter  
REGISTRAR

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.

