

SEP 24 1928

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

Do not use this space.

26511

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

File No.

Township

Primary Registration District No. 1001

Registered No. 991

City St. Joseph,

(No. Missouri Methodist Hospital)

St. _____ Ward _____

2. FULL NAME Daisy Blanche Lawson,

(a) Residence. No. 3302 Jackson St., _____ Ward. _____

(Usual place of abode) Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

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 Horace L. Lawson,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 25, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 41 8 20

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

9. BIRTHPLACE (CITY OR TOWN) Garnett, (STATE OR COUNTRY) Kansas,

10. NAME OF FATHER James Gibson,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Terre Haute, (STATE OR COUNTRY) Indiana,

12. MAIDEN NAME OF MOTHER Ruth Noble,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Missouri,

14. INFORMANT Horace L. Lawson (Address) 3302 Jackson Street.

15. FILED Aug 17 1928 REGISTRAR John G. [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 15, 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1928, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Asphyxiated by Illness
Accidental
17 hrs (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) 181 (duration) _____ yrs. _____ mos. _____ ds.

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

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Urea + Nistler
(Signed) J. W. [Signature], M. D.
8/14, 1928 (Address) St. Joseph 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 St. Jo. Memorial Park Cem. DATE OF BURIAL Aug. 18 19 28.

20. UNDERTAKER Heaton-Begole-Bowman ADDRESS 319 S. 10 St.
by Dr. Fello Funeral Home

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.

