

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

Do not use this space.

30102

**1. PLACE OF DEATH**

County Franklin Registration District No. 252  
 Township Jamesport Primary Registration District No. 14152  
 City Jamesport (No. 14152) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

Catherine 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**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX** Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** *(write the word)* widow

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Sept 29 1938

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

**17. I HEREBY CERTIFY** That I attended deceased from Sept 28, 1938, until 28, 1938, that I last saw him alive on Sept 28, 1938, and that death occurred, on the date stated above, at 5:30 p.m.

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** May 27 1847

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**7. AGE** YEARS 81 MONTHS 4 DAYS 2 **IF LESS than 1 day, hrs. or min.**

Carapenoma of liver  
by sprue, probably  
both  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work None  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

**CONTRIBUTORY (SECONDARY)** 1740  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Indiana

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_

**10. NAME OF FATHER** Thomas Cole

**DID AN OPERATION PRECEDE DEATH?** no DATE OF \_\_\_\_\_

**WAS THERE AN AUTOPSY?** no

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

**WHAT TEST CONFIRMED DIAGNOSIS?** \_\_\_\_\_

(Signed) E. Starvo, M. D.

**12. MAIDEN NAME OF MOTHER** don't know

, 19 (Address) Jamesport 116

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** don't know

\*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.

**14. INFORMANT (Address)** W. A. Lawrence  
Jamesport 116

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** Cameron, Mo **DATE OF BURIAL** Oct 19 38

**15. FILED** 10-10-38 C. M. Coy REGISTRAR

**20. UNDERTAKER** W. P. Robinson **ADDRESS** Jamesport

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.

RECORD

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