

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

Do not use this space.

2 912

1. PLACE OF DEATH

County Monroe
Township Biggs
City (No.) St. Ward)

Registration District No. 283
Primary Registration District No. 5402

File No.
Registered No.

2. FULL NAME

James David Laws
(a) Residence, No. St. Ward.
(Usual place of abode)

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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 1st 1929

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>0</u>	<u>0</u>	<u>23</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Single
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cardwell, Mo.

10. NAME OF FATHER R. L. Laws

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

12. MAIDEN NAME OF MOTHER Alva Watson

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

14. INFORMANT R. E. Laws
(Address) Cardwell, Mo.

15. FILED 2-19-29 19 29
E. P. Newsom REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 14th 1929
17.

I HEREBY CERTIFY, That I attended deceased from Birth in 19 to Jan 17 1929 that I last saw him alive on Jan 16 1929, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Pneumonia
159 / 1610
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) _____
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSYT.....
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Eli J. Bassell M. D.
, 19 (Address) Cardwell 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 Cardwell Cemetery DATE OF BURIAL 1/18 1929

20. UNDERTAKER Biggs Hd Co ADDRESS Cardwell 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.

MAR 21 1929

MISSOURI STATE BOARD OF HEALTH

PARENTS

