

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

Do not use this space.

1580

1. PLACE OF DEATH

County Jackson
Township Shaw
City H.C.

Registration District No. 399

Primary Registration District No. 1002

File No. 161

Registered No. 161

St. Swape Parkway Ward 10

2. FULL NAME

Miss Spring Lawless
(a) Residence, No. 5617 Swape Parkway, 10 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S., if of foreign birth? 7 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

wh

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) Nov 14th 1903

7. AGE

YEARS 25

MONTHS 1

DAYS 298

If LESS than 1 day, hrs. min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

clerk

(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)

Kas

10. NAME OF FATHER

Ferdinand Lawless

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kas

12. MAIDEN NAME OF MOTHER

Mamie's Jamell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kas

14.

INFORMANT Mrs. J. F. Jamell
(Address) 1018 1/2 Kas

15.

FILED 1-13-29 M. M. Gove
asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/17/29 19 29

17.

I HEREBY CERTIFY That I attended deceased from Jan 12 19 29 to Jan 17 19 29 that I last saw him alive on Jan 17 19 29 and that death occurred, on the date stated above at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

CONTRIBUTORY (SECONDARY)

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? Physical Findings

(Signed) J. F. Jamell

1/13, 19 29 (Address) 1018 1/2 Kas

*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

DATE OF BURIAL 1/14/29 19 29

Atchison Kas

20. UNDERTAKER

ADDRESS Kas City, Mo

H. J. Mayhew & Co.

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—THIS IS A PERMANENT RECORD

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253
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2
2

25 1/2 1/2
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