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

Do not use this space.

2501

File No. .....
Registered No. .....

1. PLACE OF DEATH
County: Miller
Registration District No.: 562 (6)
Township: ~~Jefferson~~ Henry of Osage
Primary Registration District No.: ~~5767~~ 5760
City: Sutherlinn (No. ..... St. ..... Ward)

2. FULL NAME: George Henry 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~: Anna L. Lawson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 22, 1878

7. AGE: Years 50 | Months 1 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Tavern P.O.
(STATE OR COUNTRY): Maries Co., Mo.

PARENTS

10. NAME OF FATHER: William M. Lawson
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Maries Co., Mo.
12. MAIDEN NAME OF MOTHER: Martha Lawson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Iberia
(STATE OR COUNTRY): Mo.

14. INFORMANT: N. A. Lawson
(Address): Sutherlinn, Mo

15. FILED: Feb 11, 1929 W. G. von Gremp.
John F. Schneidemeier, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 17 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1929, to Jan 17, 1929, that I last saw h. alive on Jan 17, 1929, and that death occurred, on the date stated above, at 12:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Influenza
(duration) ..... yrs. ..... mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

Jan 17, 1929 (Signed) W. G. von Gremp, M. D
(Address) Iberia 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: Mat Lawson Cemetery
DATE OF BURIAL: Jan. 19 1929

20. UNDERTAKER: C. L. Casey
ADDRESS: Iberia Mo