

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

Do not use this space.

7702

1. PLACE OF DEATH

County Ray
Township Maxwell
City Ray

Registration District No. 915
Primary Registration District No. 6236

File No.
Registered No. 3
St. Ward)

2. FULL NAME

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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 10 - 1917

7. AGE YEARS MONTHS DYS IF LESS than 1 day, hrs. or min.
11 11 10

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

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

10. NAME OF FATHER Marvin Lott

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

12. MAIDEN NAME OF MOTHER Lott

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

14. INFORMANT (Address) Marvin Lott, Lawson Mo

15. FILED Feb 16, 1929 Mrs. G. W. Gaines REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 15 19 29

I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1929, to Feb. 15, 1929 that I last saw h. alive on Feb. 13, 1929, and that death occurred, on the date stated above, at 3 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Endocarditis
1898
9 1/2 yrs (duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) Typhoid fever, and Pneumonia (Brod)
about 75 (duration) yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH? no. DATE OF.....
WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) Edwin House, M. D.
Feb 16, 19 29 (Address) Lawson, 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 Elmira DATE OF BURIAL Feb 17 19 29

20. UNDERTAKER J. M. Ward Lawson ADDRESS

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.

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