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

24602

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1. PLACE OF DEATH
County Jackson — Registration District No. 1002 — File No. 3018
Township Raw — Primary Registration District No. — Registered No.
City Kansas City (No. 1703 Olive St. Ward)

2. FULL NAME Oscar Lawrence
(a) Residence. No. 1703 Olive St., 11 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: M.
4. COLOR OR RACE: Col.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 27, 1879
7. AGE: YEARS 49 — MONTHS 10 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(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): Mo.

PARENTS
10. NAME OF FATHER: Reuben Lawrence
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Jannie Kemp
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

14. INFORMANT: Susie Lawrence
(Address) 1703 Olive
15. FILED 7/10, 1929 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 7 1929
17. I HEREBY CERTIFY, That I attended deceased from June 25, 1929 to July 27, 1929 that I last saw him alive on July 7, 1929 and that death occurred, on the date stated above, at 3:15 P.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Cerebral Hemorrhage
87 H
(duration) yrs. mos. 13 ds.
CONTRIBUTORY (SECONDARY) Cardiac Exhaustion (duration) yrs. mos. 4 ds.
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
(Signed) Thos. T. Jones, M. D.
7/9, 1929 (Address) 1612 E 12 St

*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: Maple Hill Cem. — DATE OF BURIAL: 7/10 1929
20. UNDERTAKER: Watkins Bros. — ADDRESS: 1729 Lydia

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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F. A. Jones.