

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 28 1930

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

Do not use this space.

2265

1. PLACE OF DEATH
 County Platte Registration District No. 692
 Township Dearbon Primary Registration District No. 4414
 City Dearbon (No.) St. Ward)

2. FULL NAME Ora Lawrence
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Neither

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 1st-1913

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
16 7 21

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

9. BIRTHPLACE (CITY OR TOWN) Dearbon
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Norval Lawrence
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dearbon
 (STATE OR COUNTRY) Missouri
 12. MAIDEN NAME OF MOTHER Mary Green
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Adrian
 (STATE OR COUNTRY) Missouri

14. INFORMANT Norval Lawrence
 (Address) Dearbon Mo.

15. FILED Jan 27 1930 M. T. Moore
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 22nd 1930
 17. I HEREBY CERTIFY, That I attended deceased from Jan 22
1930, to Jan 22, 1930
 that I last saw him alive on Jan 22, 1930, and that death occurred, on the date stated above, at 8:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental Head fracture
caused by striking by
automobile and while cross
ing (duration) under yrs. mos. da.
 CONTRIBUTORY Hemorrhage from frac-
 (SECONDARY) tured cranium (duration) few minutes

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, Mo Dearbon street
 DID AN OPERATION PRECEDE DEATH? No DATE OF none
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Hemorrhage & fracture
 (Signed) M. T. Moore M. D.
Jan 22 1930 (Address) Dearbon 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 Dearbon cemetery DATE OF BURIAL Jan 24 - 1930
 20. UNDERTAKER Reuben Davis ADDRESS Dearbon Mo.

