

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

✓ Do not use this space.  
Feb - 1930  
Cemeteries Vault  
**2710**

**1. PLACE OF DEATH**

County..... Registration District No. **101.3**  
Township..... Primary Registration District No. **101.3**  
City **St Louis** (No. **#3606**) **Connetquot St** (Ward)

File No. ....  
Registered No. **144**

**2. FULL NAME**

(a) Residence. No. **#3606** **Connetquot St**  
(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** **Elaine Lawton**

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** **Dec 2, 1845**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1
				day, ..... hrs. or ..... min.
	84.	1.	1.	

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

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** **England.**

**10. NAME OF FATHER** **Lewis Lawton**

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

**12. MAIDEN NAME OF MOTHER** **Rachel Higginbotham**

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

**14. INFORMANT (Address)** **Rachel Lawton #3606 Connetquot St**

**15. FILED** **147V -6, 1930** **Wm C. Taylor** **REGISTRAR**

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** **Jan 3 1930**

**17. I HEREBY CERTIFY, That I attended deceased from** **Dec 18, 1929** to **Jan 3, 1930** that I last saw him alive on **Jan 3, 1930**, and that death occurred, on the date stated above, at **4 P.** m.

**93c THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
**125 Chronic myocarditis**  
(duration) **1 yrs. 6 mos. - ds.**

**CONTRIBUTORY (SECONDARY)** **Acute jaundice**  
(duration) **1 mos. - ds.**

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

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

**WHAT TEST CONFIRMED DIAGNOSIS?**  
(Signed) **William White**, M. D.  
**Jan 19, 1930** (Address) **3320 S. Grand**

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** **Valhalla Cem.** **DATE OF BURIAL** **1-6-1930**

**20. UNDERTAKER** **W. R. Rupton** **ADDRESS** **Oliver St. #4449**

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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