

AUG 20 1930

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

Do not use this space.

21765

1. PLACE OF DEATH

County Adair  
Township Mineral  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 2  
Primary Registration District No. 5007

File No. 21765  
Registered No. 12  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Margaret Lawrence

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 23 1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
83 3 6

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work  
(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) Ind. p

PARENTS  
10. NAME OF FATHER John Lawrence  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ind.  
12. MAIDEN NAME OF MOTHER  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ind.

14. INFORMANT G. E. Lawrence (Address) Ind. No

15. FILED 7/30 1930 J. S. Gaskville REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 29 1930

17. I HEREBY CERTIFY, That I attended deceased from July 11, 1930, to July 23, 1930, that I last saw him alive on July 23, 1930, and that death occurred, on the date stated above, at \_\_\_\_\_ a.m.

18. THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Interstitial Nephritis  
1.31

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1290 (duration) \_\_\_\_\_ yrs. mos. 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 Urinalysis  
(Signed) J. A. Garrison, M. D.

July 30, 1930 (Address) Noringers 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 Noringers Cemetery DATE OF BURIAL July 30 1930

20. UNDERTAKER Llewellyn & Son ADDRESS Noringers

710

