

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.

SEP 25 1930

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

Do not use this space.

1. PLACE OF DEATH

County Miller  
Township Richwood 39  
City Dixon (No. ....)

Registration District No. 562  
Primary Registration District No. 575-7

File No. 23589  
Registered No. ....  
St. .... Ward)

2. FULL NAME

(a) Residence. No. .... St. .... Ward. Dixon  
(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 Female 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 William H. Barnhart

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March-22-1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
32 4 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farming  
(b) General nature of industry, business, or establishment in which employed (or employer) Housewife  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Miller Co Missouri

10. NAME OF FATHER

William M. Lawson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Miller Co State of Missouri

12. MAIDEN NAME OF MOTHER

Margaret J. Copeland

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Marion Co State of Missouri

14.

INFORMANT W. H. Barnhart Dixon Mo.  
(Address)

15.

FILED Sept 16 19 30 W. H. Barnhart REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 22 1930

17. I HEREBY CERTIFY, That I attended deceased from July 22 19 30 to July 28 19 30  
that I last saw him alive on July 28 19 30, and that death occurred, on the date stated above, at 6 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Embolicism (Blood clot)

CONTRIBUTORY (SECONDARY) Difficult Labor (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 145 (duration) yrs. mos. ds.

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? no

(Signed) G. W. Curtman, M.D.

, 19 (Address) Dixon, 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 DATE OF BURIAL

Lawson Cemetery 7/23 1930

20. UNDERTAKER ADDRESS

B. L. Casey Idria

