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

Do not use this space.

OCT 1 1930

1. PLACE OF DEATH

County Richmond Heights — Registration District No. 1170 — File No. 27917

Township — Primary Registration District No. 6248 H — Registered No. 217

City — (No. 8112 Elnora St. Ward)

2. FULL NAME James Lawrence

(a) Residence. No. 8112 Elnora St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 17th 1878

7. AGE: Years 52 — Months 3 — Days 13 — 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): Excavator
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Alexander
(STATE OR COUNTRY) Tennessee

PARENTS
10. NAME OF FATHER unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) "
(STATE OR COUNTRY) "
12. MAIDEN NAME OF MOTHER Perlie Preglong
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Tennessee

14. INFORMANT Willie Lawrence
(Address) 8112 Elnora

15. FILED 9/4, 1930 C L Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from 8-29-, 1930, to 8-29-, 1930, that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 9:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23A
23B
(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) Bronchial Hemorrage
(duration) ..... yrs. ..... mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Unknown
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms
(Signed) R. E. Vincent, M. D.
, 19 (Address) 239 So. Jefferson

*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: Father Dickson — DATE OF BURIAL: 9-4 1930

20. UNDERTAKER: Gates Funeral Home — ADDRESS: 4127 Finney

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.

...WITH UNFADING INK—THIS IS A PERMANENT RECORD