

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.

MAR 27 1881

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

Do not use this space.

6729

1. PLACE OF DEATH

County Ray
Township Lawson
City Lawson (No.)

Registration District No. 742
Primary Registration District No. 6977a
4444

File No.
Registered No. 6
St. Ward

2. FULL NAME

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 7 - 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 | 6 | 18 | |

8. OCCUPATION OF DECEASED 237 97
(a) Trade, profession, or particular kind of work Planer
(b) General nature of industry, business, or establishment which employed (or employer) 1325
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penna.

10. NAME OF FATHER James Patten

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

12. MAIDEN NAME OF MOTHER Anna

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

14. INFORMANT James Patten
(Address) Lawson

15. FILED Mar 1, 1881 Edwin Shouse
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 28 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1931, to Feb 13, 1931, that I last saw him alive on Feb 13, 1931, and that death occurred, on the date stated above, at 5:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia as result of several arterial sclerosis
(duration) yrs. mos. ds.
CONTRIBUTORY arteria Sclerosis
(SECONDARY) renal
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF BIRTH:

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) Y. D. Craven, M. D.
(Address) Pyd Craven

*State the DISEASE CAUSING DEATH, or to 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 Lawson DATE OF BURIAL Feb 28 1931

20. UNDERTAKER W. W. Now ADDRESS Lawson

