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

Do not use this space.

13547

1. PLACE OF DEATH

County: Clay — Registration District No.: 198

Township: — Primary Registration District No.: 3071

City: Ex Springs (No. ..... St. ..... Ward)

File No.: ..... Registered No.: 47

2. FULL NAME: Herald Ray Lawson

(a) Residence. No. ..... 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.

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.

MAY 21 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar 4 - 1929

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	2	1	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer): A. CA

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Clay Co (STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: John M. Lawson

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Ray Co (STATE OR COUNTRY): Mo

12. MAIDEN NAME OF MOTHER: Ona Wilson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Ray Co (STATE OR COUNTRY): Mo

14. INFORMANT: J. M. Lawson

(Address): Excelsior Springs Mo

15. FILED: 4/14 1931 G. D. Craven, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 14 1931

17. I HEREBY CERTIFY, That I attended deceased from March 22, 1931, to March 31, 1931, that I last saw h. alive on March 31, 1931, and that death occurred, on the date stated above, at April 14 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Meningitis 1d

Total 14d

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY): Bronchopneumonia 1-1931 - patient by mouth

(duration) 2 days mos. 22 ds.

18. WHERE WAS DISEASE CONTRACTED? Home

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) G. D. Craven, M. D.

, 19 (Address)

*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: New Bonbury Cemetery Ray Co. Mo — DATE OF BURIAL: 4-15 1931

20. UNDERTAKER: Herbert Hope — ADDRESS: Excelsior Springs Mo