

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

Do not use this space.

**27666**

**1. PLACE OF DEATH**

County Callaway Registration District No. 1055  
Township Coxbase Primary Registration District No. 5135  
City St. ... St. 384 Ward ...

**2. FULL NAME**

(a) Residence, No. St. ... St. ... Ward ...  
(Usual place of abode)  
Length of residence in city or town where death occurred 19 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 FACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Curie Lawrence  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) sep-12-1850  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 80s. 11 4  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway, Co.

13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT R.B. Boonie  
(ADDRESS) Nealsville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Johns Creek DATE 8-17-31

19. UNDERTAKER Wm. ...  
(ADDRESS) ...

20. FILED W. J. Williams  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-16 1931  
22. I HEREBY CERTIFY, That I attended deceased from 12-15, 1930 to 3-1, 1931  
I last saw him alive on 12-15, 1930 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:  
Senile Nephritis Date of onset 1320  
15/32  
Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) W. J. Williams, M. D.  
(Address) R. # 9 Fulton Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

SEP - 2 1931

