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

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.

DEC 21 1931

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

Do not use this space.

35969

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 1203
City St. Joseph, (No. Missouri Methodist Hospital, St. Ward)

2. FULL NAME Otis James Lawrence,
(a) Residence, No. 516 So 10th 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. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29, 1931.
7. AGE: YEARS 0 — MONTHS 0 — DAYS 0 — If LESS than 1 day, 1 hrs. or 50 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child,
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) Saint Joseph, Missouri,

FATHER
13. NAME Merl Lawrence,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eldorado Springs, Missouri,

MOTHER
15. MAIDEN NAME Dorothy Carter,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Forbes, Missouri,

17. INFORMANT Merl Lawrence (ADDRESS) 516 So. 10th. St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE Dec. 3rd 1931
19. UNDERTAKER Heaton McGale & Bowman (ADDRESS) 319 S. 10th St. Funeral Home
20. FILED NOV 30 1931, 19 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 29th, 1931
22. I HEREBY CERTIFY, That I attended deceased from 11/29, 1931, to 11/29, 1931.
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 12:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
at 5 months	
159	

Other contributory causes of importance: 159

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

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? no
If so, specify
(Signed) [signature], M. D.
(Address) Phys & Surg Bldg