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.

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

1.003

Do not use this space.

10253

File No. 2273

Registered No.

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St. Louis (No. City Hospital St. Ward)

20868

2. FULL NAME Lillian Lawrence

(a) Residence, No. 1398 Temple St. 6 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William Lawrence

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 27-1876

7. AGE: Years 61 | Months 9 | Days 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 23

10. Date deceased last worked at this occupation (month and year): Dec. 1931

11. Total time (years) spent in this occupation: 37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Plains, Missouri

FATHER

13. NAME: John Richeson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas

MOTHER

15. MAIDEN NAME: Mary Dixon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Melborn Arkansas

17. INFORMANT (ADDRESS): Hospital Information City Hospital

18. BURIAL, CREMATION, OR REMOVAL: PLACE St. Mathews Cemetery DATE 3/11 1932

19. UNDERTAKER (ADDRESS): Lickliders Und. Co. 4th Jefferson Mo.

20. FILED MAR 9 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 9th 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 8th 1932, to Mar. 9th 1932

I last saw her alive on Mar. 9th 1932 Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Peritonitis Cause	
32	
V9 Unknown	
(1)	

Other contributory causes of importance:

Chr Myocarditis

Name of operation None Date of

What test confirmed diagnosis? Cause 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?

If so, specify

(Signed) [illegible], M. D.

(Address) City Hospital

Lawrence