Dr Shafer

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

Do not use this space.

11608

1. PLACE OF DEATH

10 County Boone — Registration District No. 73 — File No.

3 Township — Primary Registration District No. 3006 — Registered No. 92

8 City Columbia (No. , St. Ward)

2. FULL NAME Mrs Mary Howard Cawthorn

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widdowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12, 1846

7. AGE: YEARS 85 — MONTHS 4 — 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. Retired.

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) Columbia Mo. 1

FATHER

13. NAME John Hall Lynch.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Geo Ky Towns Ky 2

MOTHER

15. MAIDEN NAME Loreesa Kirtley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) George Town Ky

17. INFORMANT (ADDRESS) W B Cawthorn Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elsinore Cutler DATE 4-25-1932

19. UNDERTAKER (ADDRESS) Parker Feeris Co. Columbia, Mo.

20. FILED 4/25/1932 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-23, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1932, to 23 2:45 a, 1932

I last saw him alive on April 23, 1932. Death is said to have occurred on the date stated above, at 2:40 am.

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

Date of onset

Homeoplasia —
82 P
97 8210

Other contributory causes of importance:

Antivoclemia — (1) —

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?

If so, specify

(Signed) W. R. Shafer, M. D.

(Address) Columbia Mo.

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.

MAY 23 1932