

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

Do not use this space.

28938

1. PLACE OF DEATH

36 County St. Louis
Township Besse
City..... (No..... St..... Ward.....)

Registration District No. 293
Primary Registration District No. 5411

File No.....
Registered No. 27

2. FULL NAME

(a) Residence. No..... St..... Ward.....

(Usual place of abode) (If nonresident, give city or town and State)
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.

Ida Sophia Lawson

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 7 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
50 1 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Berger No 1
(STATE OR COUNTRY)

10. NAME OF FATHER Emil Berlemann

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Bahn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Isaac Lawson
(Address) Levadia mo

15. FILED 9-8 32 Hel M. Thaler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) Sep 8 6 1932

17. I HEREBY CERTIFY, That I attended deceased from 1929 to 1932 that I last saw him alive on an Sep 6 1932 and that death occurred, on the date stated above, at 5:25 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hypostatic Pneumonia
974 120
112 7
(duration) yrs. mos. 7 ds.
CONTRIBUTORY Mitral Insufficiency
(SECONDARY) (duration) 15 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Kneller M. D.
9-7 1932 (Address) Levadia mo

*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 Haven mo. DATE OF BURIAL 9/8 1932

20. UNDERTAKER Otto & Co ADDRESS Washington

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. OCT 25 1932

