Am

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

Do not use this space.

30326

File No.

Registered No. 320

1. PLACE OF DEATH

County St. Louis C.

Township Carondelet

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

96

Registration District No. 1123

Primary Registration District No. 6548 B.

2. FULL NAME William (Lawson) Lawson

(a) Residence, No. 4207 Chouteau St., ... Ward. Labadie Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 2 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

OCT 28 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF ~~(OR) WIFE OF~~ Isabella Lawson Labadie Mo.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28 1885

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
47	6	26	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 84

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) Mo. 1

FATHER

13. NAME Louis Lawson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Eliz Blair

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. 2

17. INFORMANT Isaac Lawson
(ADDRESS) Labadie

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Mo. DATE 9-26-32, 19

19. UNDERTAKER Otto Heo
(ADDRESS) Washington Mo.

20. FILED Sept. 24, 1932 L. C. Obrock M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to Sept 24, 1932

I last saw him alive on Sept 24, 1932. Death is said to have occurred on the date stated above, at 4:25 a.m.

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

	Date of onset
23 A	
23 B	
71 B Pre Tbc Fibrosis	
1	

Other contributory causes of importance:

Pre Hemorrhage
Secondary Anemia

Name of operation ..... Date of .....

What test confirmed diagnosis? No Was there an autopsy? Yes

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) Carroll F. Lemon, M. D.

(Address) Kirkwood Hosp.

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.

JUL 28 1942