

Jan 1933

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

Do not use this space.

2691

1. PLACE OF DEATH
County Polk Registration District No. 677
Township Polk Primary Registration District No. 5901
City (No. _____) St. _____ Ward _____

2. FULL NAME James Lee Lawson
(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.

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) Jan 11 1933

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
17

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

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

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) Rolla Mo

13. NAME Alfred S Lawson

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

15. MAIDEN NAME Hazel E. Danwell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rolla Mo

17. INFORMANT Alfred S Lawson
(ADDRESS) Rolla Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rolla Cemetery DATE Jan. 29 1933

19. UNDERTAKER Null & Dickler
(ADDRESS) Rolla, Mo

20. FILED Jan. 29 1933 Joe. F. Ayers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28 1933

22. I HEREBY CERTIFY that I attended deceased from Jan 27 1933 to Jan 28 1933
I last saw him alive on Jan 28 1933. Death is said to have occurred on the date stated above, at 8:00 p.m.
The principal cause of death and related causes of importance were as follows:
Broncho pneumonia Date of onset 1-26-33
109A 107W
Other contributory causes of importance: no

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical 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) S. R. Mitchell, M. D.
(Address) Rolla Mo

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.

