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

Do not use this space.

3129

1. PLACE OF DEATH

96 County St. Louis, Registration District No. 1123 File No.

Township Carondolet Primary Registration District No. 6248.B Registered No. 1

City Jefferson Barracks, Mo. (No. Veterans Administration Hospital. St. Ward)

2. FULL NAME Lawson, Herman

(a) Residence, No. 4008-A McPherson Ave., St. Louis, Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-1-1895

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
38	0	0	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Unavail.

11. Total time (years) spent in this occupation Unavail.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois.

FATHER

13. NAME Unavailable

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

MOTHER

15. MAIDEN NAME Unavailable

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Unavailable

17. INFORMANT (ADDRESS) S. D. Clayton, M.D. Officer of Day Vet. Administration Hosp. Jeff. Brks. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Ann Ill DATE 1-3, 1933

19. UNDERTAKER (ADDRESS) C. Hoffmeister & Co 8140 Broadway

20. FILED 1-2, 1933 L. C. Obrock M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-1-33, 19

22. I HEREBY CERTIFY, That I attended deceased from December 24, 1932 to January 1, 1933

I last saw him alive on 1-1-33, 19.... Death is said to have occurred on the date stated above, at 5:00 PM

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

	Date of onset
Peritonitis acute	8
195	
129	

Other contributory causes of importance:
G.S.W. abdomen

Name of operation Abdom incision & Drain Date of 3-24-33

What test confirmed diagnosis? Clinical, physical, laboratory findings Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? [illegible] Date of injury [illegible], 19[illegible]
Where did injury occur? [illegible] (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury [illegible]
Nature of injury [illegible]

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) W. C. Gibson, M. D.
S.D.C. (Address) U.S. Vets Hosp. Jeff. Brks. Mo.