

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

Do not use this space.

5876

1. PLACE OF DEATH

County Jackson Registration District No. 300
 Township Kaw Primary Registration District No. 9001
 City K.C. Mo. (No. St. Mary Hosp.) St. _____ Ward _____

File No. 829
 Registered No. _____

2. FULL NAME

Edward J. Lawler
 (a) Residence, No. 3820 Bough, K.C., Mo. 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 Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lora Lawler
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-14-1875
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
57 6 5
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Practitioner
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. K.C. star
 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) Iowa
 13. NAME Edward Lawler
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 15. MAIDEN NAME Anna Murphy
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 17. INFORMANT Lora Lawler
 (ADDRESS) 3820 Bough, K.C., Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery - First DATE 2/2/33
 19. UNDERTAKER Mrs. C. L. Genter
 (ADDRESS) 718 Brookside, K.C. Mo.
 20. FILED 1933 M. M. Brewer Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-19-1933
 22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1933, to Feb 19, 1933
 I last saw him alive on Jan 19, 1933. Death is said to have occurred on the date stated above, at 3:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Bronchial pneumonia Date of onset 2.15.33
1911 107
 Other contributory causes of importance:
Decalcification of bones of spine
Secondary anemia
 Name of operation none Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? Y
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? L 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 CC
 24. Was disease or injury in any way related to occupation of deceased? L
 If so, specify _____
 (Signed) E. Lawler, M. D.
 (Address) Residence K.C.

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.

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Dr. C. E. Sanders
Sw. Blvd.

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