

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

Do not use this space.

**1. PLACE OF DEATH**

2 County Andrew Registration District No. 11  
Township Jackson Primary Registration District No. 5015  
City (No. ....) St. .... Ward)

File No. 8381  
Registered No. 15

**2. FULL NAME** Rachel A. 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 <u>Female</u>	4. COLOR OR RACE <u>White.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Lawson.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 25 1951</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>1</u>	DAYS <u>1</u>
If LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife.</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	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) Indiana

13. NAME Hugh Weddel.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known.

15. MAIDEN NAME Not known.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known.

17. INFORMANT Mrs. Charley Stafford.  
(ADDRESS) Rosendale

18. BURIAL, CREMATION, OR REMOVAL PLACE Maryville Mo. DATE Nov. 21, 1933

19. UNDERTAKER Price Funeral Home.  
(ADDRESS) Maryville Mo.

20. FILED Mar. 30 1933 G. W. Cole Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 30 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 32 to March 30, 1933  
I last saw her alive on Mar 29, 1933. (Death is said to have occurred on the date stated above, at 1:45 p.m.)

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

Branchial pneumonia  
10711 10711  
Date of onset 1933

Other contributory causes of importance:

Name of operation no Date of .....  
What test confirmed diagnosis? specimen 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? .....  
If so, specify W. P. Nelson, M. D.  
(Signed) Rosendale Mo.  
(Address) Rosendale Mo.

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.

