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

Do not use this space.

Nord 14444

1. PLACE OF DEATH
County: St Louis — Registration District No.: 789 — File No.:
Township: Central — Primary Registration District No.: 6033-B — Registered No.: 99
City: (No.) 8903 S. St Charles Rock Rd (St.) (Ward)

2. FULL NAME: Joseph Lawton Jr
(a) Residence, No. 8903 S. Chas. B. Rock Rd (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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Cora Lawton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 24-1873

7. AGE: Years 60. Months 0 Days 7 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Builder
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): England

FATHER
13. NAME: Joseph Lawton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER
15. MAIDEN NAME: Eliza Ashton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

17. INFORMANT: Eliza Lawton
(ADDRESS) 1807 Kossuth Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Peters DATE: Apr. 4 1933

19. UNDERTAKER: Akron L. & U. Co
(ADDRESS) 2707 N. Grand Ave

20. FILED 4-2- 1933 Della Bury M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 1 1933

22. I HEREBY CERTIFY, That I attended deceased from —, 19..., to —, 19...
I last saw h... alive on —, 19... Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

Chr Myo Carditis
Chr Arterio Sclerosis
Chr Hypertension
Chr Interstitial nephritis

Date of onset: 9, 1 3 1

Other contributory causes of importance:
Jugular venous pressure, Dyspnea, Cardiac asthma, history of Bright's, Blood pressure 22 years

Name of operation: none Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury ..., 19...
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place: Further information on back.
Manner of injury: none
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Luke B. Timmons, M.D.
(Address) 3715 Lemp Ave St Louis Mo. 4/3/33

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.

MAY 24 1933

We the jury find that Joseph Lawton died of natural causes complications of diseases.