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.

AUG 26 1933

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

Do not use this space.

85

22415

1. PLACE OF DEATH

County Buchanan — Registration District No. — File No.

Township — Primary Registration District No. 1001 — Registered No. 753

City St.Joseph, (No. Missouri Metodist Hospital St. Ward)

2. FULL NAME Olive May Lawson

(a) Residence, No. 2833 So.20th.St. St., Ward. (If nonresident, give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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: William P.Lawson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June,8,1882

7. AGE: YEARS 51 — MONTHS 1 — DAYS 20 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Burlington, Iowa.

FATHER

13. NAME: R.F.Ashmore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Burlington, Iowa.

MOTHER

15. MAIDEN NAME: Clara Dowlar

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Burlington, Iowa.

17. INFORMANT (ADDRESS): William P.Lawson 2833 So.20th.St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ashland Cemetery DATE July,31,1933

19. UNDERTAKER (ADDRESS): Walter Mauchoffer 1302 Faraon St. St.Joseph,Mo.

20. FILED 7-31 1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July,28,1933, 19

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1933, to July 28, 1933

I last saw her alive on July 28, 1933 Death is said to have occurred on the date stated above, at 2.45 A.M.

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

Peritonitis — Date of onset 7/25/33

129 129

Other contributory causes of importance:

Sub-phrenic abscess ?

Name of operation Laparotomy Date of 7/25/33

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Matthew H. Talty M.D., M. D.

(Address) Corby Bldg. St.Joseph,Mo.