

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.

23179

2885

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 2885
 Township Kear Primary Registration District No. 1001 Registered No. _____
 City Warrens City (No. 311 Brush Creek Blvd) St. _____ Ward _____

2. FULL NAME

Ellen Caroline Lawler
 (a) Residence, No. 311 Brush Creek Blvd Ward. _____ (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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 11 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-keeper
 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) Bairie DuChien, Wis.

13. NAME John Lawler 9

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

15. MAIDEN NAME Catherine Dignan

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

17. INFORMANT (ADDRESS) Katherine Lawler
311 Brush Creek Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE Bairie DuChien, Wis. DATE July 12 1933

19. UNDERTAKER (ADDRESS) John J. Sheehan
Warrens City, Mo.

20. FILED July 12 1933 Wm. J. Crowe
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 1933, to July 11, 1933.

I last saw her alive on June 20, 1933 Death is said to have occurred on the date stated above, at 5 P.m.

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

Cerebral hemorrhage Date of onset _____
82A
97 820
 Other contributory causes of importance: Art. sclerosis +

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1933
 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) Edw. H. Heberington, M. D.
 (Address) 405 Waldheim Bldg

511 French Buck
Apt 603, Tel. VA 8329