

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

Do not use this space.

26442

1. PLACE OF DEATH

County Jackson Registration District No. 339
 Township Law Primary Registration District No. 3000
 City Kansas City (No. 12C General Hosp) (Ward)

File No. _____
 Registered No. 3170

2. FULL NAME

(a) Residence, No. 3522 Campbell Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 10 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) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9/1862
 7. AGE YEARS 70 MONTHS 5 DAYS 24 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) Mo

13. NAME Nelson Lawrence

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

15. MAIDEN NAME Sarah Miles

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

17. INFORMANT Beulah Clark (ADDRESS) 12C Gen. Hosp. 12C.M.

18. BURIAL, CREMATION, OR REMOVAL Wm. Washington DATE Aug. 7, 1933

19. UNDERTAKER Swiss & Son (ADDRESS) 601 N. 1st St.

20. FILED Aug 7, 1933 m. m. 601 N. 1st St. Registrar.

2) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-3 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-28 1933 to 8-3 1933

I last saw him alive on 8-3 1933 Death is said to have occurred on the date stated above, at 1:40 PM.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of the head of the pancreas with metastases Date of onset _____

Other contributory causes of importance: None

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? _____
 If so, specify _____ (Signed) J. H. Bennett M. D.
 (Address) 12C Gen. Hosp.

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.

SEP 26 1933

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