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

Do not use this space.

27468

1. PLACE OF DEATH
County St Francois — Registration District No. 775 — File No.
Township Perry — Primary Registration District No. 6040 — Registered No. 60
City Bonne Terre Mo (No. ..... St. ..... Ward)

2. FULL NAME Malinda 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. 5 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wife of Elisha Lawson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 14, 1859

7. AGE: Years 74 — Months 4 — Days 13 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN): Farmington Mo.
(STATE OR COUNTRY): St. Francois Co

PARENTS
10. NAME OF FATHER: Moses Robinson
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Flat River
(STATE OR COUNTRY): St Francois
12. MAIDEN NAME OF MOTHER: Elizabeth Cloud
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Flat River
(STATE OR COUNTRY): St Francois

14. INFORMANT: Charley Lawson
(Address): Frank Clay Mo.

15. FILED 8/28, 1933 T. A. Son REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug. 27, 1933

17. I HEREBY CERTIFY, That I attended deceased from Aug. 23, 1933, to Aug. 25, 1933 that I last saw her alive on Aug. 25, 1933, and that death occurred, on the date stated above, at 2:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac collapse; had typical cardio-reno-vascular syndrome.
(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Chronic nephritis
(duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? Physical signs.
(Signed) H M Roebber, M. D
8/28, 1933 (Address) Bonne Terre, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Adams Cemetery
DATE OF BURIAL: Aug 29 1933

20. UNDERTAKER: J. T. Ward
ADDRESS: Bonne Terre Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933