

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

Do not use this space.

1903

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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.

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1. PLACE OF DEATH *Home*
 County *Jefferson* Registration District No. *213*
 Township *Jefferson City* Primary Registration District No. *304*
 City *Jefferson City* (No. _____) St. _____ Ward _____

2. FULL NAME *Milton Claud Melvin Lawer Belle Mo.*
 (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. mos. *7* 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 *Lena Lawer*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 20 - 1903*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<i>30</i>	<i>✓</i>	<i>29</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Sp. Lin. Walker*

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) *Croscher, Mo.*

FATHER

13. NAME *Riley Lawer*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Polaski County*

MOTHER

15. MAIDEN NAME *Anna Lawer*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Polaski County*

17. INFORMANT *Riley Lawer*
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Croscher, Mo.* DATE _____ 19 _____

19. UNDERTAKER *Lillian M. Lawer*
(ADDRESS) *22 Jefferson City*

20. FILED *10/4/33* *W. Bedford*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 11*, 19*33*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 16*, 19*33*, to *Sept 19*, 19*33*
 I last saw him alive on *Sept 17*, 19*33*. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Alcoholism, appendicitis, acute pneumonia

Date of onset *Sept 13*

Other contributory causes of importance *12/10/10*

Name of operation *Laparotomy* Date of *Sept 16/33*
 What test confirmed diagnosis? *Urinal* Was there an autopsy? *no*

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) *Hean A. Daylan*, M. D.
 (Address) *Jefferson City, Mo.*

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