

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

Do not use this space.

31565

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1009**
 City..... (No. **City Hospital # 2**) St. Ward)

File No.
 Registered No. **8273**

2. FULL NAME

(a) Residence, No. **1202 Elliott** St., **21** Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **12** 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 **negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **7-24-1899**

7. AGE YEARS **34** MONTHS **1** DAYS **28** 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. **Labor**
 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) **Paplar Bluff Missouri**

13. NAME **Wm. Lawery**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Miss**

15. MAIDEN NAME **Cora Butler**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Ark.**

17. INFORMANT **Wm. Lawery** (ADDRESS) **2725 Mills St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Gather Burial** DATE **9-21** 191**3**

19. UNDERTAKER **E. W. Reynolds** (ADDRESS) **2915 Englewood Ave**

20. FILED **P 22 1933** **J. Brebeck** Registrar.

Medical Certificate of Death
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 11 1933**

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
 I last saw h..... alive on **8:50 P.M.** Death is said to have occurred on the date stated above, at **8:50 P.M.**

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

Spinal and Subdural Hemorrhage of Fracture of Skull
 191**3**
 827**3**
 175
 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? **Homicide** Date of injury **Sept 10 1933**

Where did injury occur? **St. Louis Mo** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **Struck on head with club**
 Nature of injury **Fracture of Skull**

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) **W. Lawery** M. D.

(Address) **St. Louis, Missouri**

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.

OCT 20 1933

11/3/33

