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.

NOV 10 1933

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

Do not use this space.

File No. 32093

Registered No.

1. PLACE OF DEATH
County: Andrewan
Township: Jefferson
City: (No. ½ Mi. No. of St. Joseph, St. Ward)
Registration District No.: 13
Primary Registration District No.: 5017

2. FULL NAME: Katherine Amelia Lawhon

(a) Residence, No. (Usual place of abode): Andrew Co. St., 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ernest H. Lawhon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May, 3, 1883

7. AGE: Years 50 | Months 5 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home.
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): St. Joseph, Mo.

FATHER

13. NAME: Henry Bandel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wertemberg, Ger.

MOTHER

15. MAIDEN NAME: Katherine Kienzle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wertemberg, Ger.

17. INFORMANT (ADDRESS): Ernest H. Lawhon R.F.D. #2.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Mora Cemetery DATE: Oct, 28, 1933

19. UNDERTAKER (ADDRESS): Walter Meinhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED: Oct 26 33 C. C. Jeffries Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct, 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1933, to Oct. 26, 1933

I last saw her alive on Oct. 26, 1933. Death is said to have occurred on the date stated above, at 1.10 P.M.

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

Cerebral embolus
Result in immediate
Right hemiplegia caused
by carcinoma of left
lung breaking down
about two years duration

Date of onset

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? 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) Jacob Geiger, M. D.
(Address) Kirkpatrick Bldg, St. Joseph, Mo.