

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

Do not use this space.

39446

1. PLACE OF DEATH

County Cass
Township Raymore
City Raymore (No. _____)

Registration District No. 158
Primary Registration District No. 3323

File No. 27
Registered No. 16
St. _____ Ward _____

2. FULL NAME

Mrs. Mollie Lawrence

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W. P. Lawrence</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 25, 1862</u>					
7. AGE		YEARS <u>71</u>	MONTHS <u>9</u>	DAYS <u>17</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>				
	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) <u>Cass Co. Missouri</u>					
MOTHER	13. NAME <u>Jackson Collins</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>				
	15. MAIDEN NAME <u>Mary Baxter</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>				
17. INFORMANT <u>Miss Christie Lawrence</u> (ADDRESS) <u>Raymore Mo</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Raymore Mo</u> DATE <u>Dec 13 1933</u>					
19. UNDERTAKER <u>E. K. George & Sons</u> (ADDRESS) <u>Raymore Mo</u>					
20. FILED <u>Dec 13 1933</u> <u>W. H. Chapman</u> Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 31, 1933, to Dec 19, 1933

I last saw her alive on Dec 11, 1933. Death is said to have occurred on the date stated above, at 1:30 a.m.

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

71A Benicous Avenue Date of onset 1931

71a

Other contributory causes of importance: Not known

Name of operation _____ Date of _____
What test confirmed diagnosis? Laboratory. 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) W. H. Chapman, M. D.
(Address) Raymore Mo

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.

JAN 26 1934

