

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

Do not use this space.

7260

APR 2 1934

PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **781**
Primary Registration District No. **1003**
(No. *Suburban to High 2*)

File No.....
Registered No. **2151**
St. Ward)

2. FULL NAME

(a) Residence, No. **3138 Clifton** St., **3** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **Colored** 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) **Dec 26 1886**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 2 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Labour**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Past Dispatch News**
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) **Miss**

13. NAME **Rat Lawson**

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

15. MAIDEN NAME **Carrie Redman**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **La.**

17. INFORMANT (ADDRESS) **Alonso Swaney 4011 Sweet Hill**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Germville, Miss.** DATE **Mar. 2nd 1934**

19. UNDERTAKER (ADDRESS) **Manuel Undertaking Co. 4009 Finney Ave.**

20. FILED **1934**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2/26/1934**

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw him alive on 19... Death is said to have occurred on the date stated above, at 12:57 p.m.

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

**Chg. Myocarditis -
Ed. Interstitial
Nephritis**

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? If so, specify.....

(Signed) **Verdell P. Phulp** M.D.
(Address) **4011 Sweet Hill**

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.

WHILE LABORING UNDER THIS IS A PERMANENT RECORD

