

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

MAY 25 1934

16297

1. PLACE OF DEATH

County Franklin
 Township New Haven
 City New Haven (No.)

Registration District No. 292
 Primary Registration District No. 4176

File No.
 Registered No.
 St. Ward

2. FULL NAME Mrs. Viola Lawson

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

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
	5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Geo Lawson</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-21-1896</u>		
7. AGE	YEARS <u>37</u>	MONTHS <u>4</u>
	DAYS <u>16</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as apliner, sawyer, bookkeeper, etc. <u>House Wife</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>Ectah Mo</u>		
MOTHER FATHER	13. NAME <u>Henry Menke</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Mary DeFestis</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Berger Mo</u>	
17. INFORMANT <u>Mrs Geo Lawson</u> (ADDRESS) <u>New Haven Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Boonville Mo</u> DATE <u>5-18-34</u>		
19. UNDERTAKER <u>Geo. Prestige, Son</u> (ADDRESS) <u>New Haven Mo</u>		
20. FILED <u>May 9, 1934</u> <u>Mrs. J. J. Gammann</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 20, 1934, to May 7, 1934
 I last saw her alive on May 7, 1934. Death is said to have occurred on the date stated above, at 7:00 m.

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

Mitral Insufficiency
92A
111B
 Other contributory causes of importance:
Congestion of lungs

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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) W. F. Cumberck, M. D.
 (Address) New Haven, Mo.

