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

Do not use this space.

File No. 16446

Registered No. 70

1. PLACE OF DEATH

County: Grundy — Registration District No. 327

Township: Liberty — Primary Registration District No. 4144

City: Galt (No. ..., ..., St. ..., Ward)

2. FULL NAME: Bertha Jane 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.

JUN 21 1934

40

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 15-1934

7. AGE Years	Months	Days	If LESS than 1 day, 10 hrs. or ... min.
0	0	0	

OCCUPATION

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.: —

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): Galt

FATHER

13. NAME: Fred Lawrence

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mercer Co. Mo

MOTHER

15. MAIDEN NAME: Edith Burness

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Galt

17. INFORMANT (ADDRESS): Fred Lawrence

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Lopey Cem. DATE: May 16, 1934

19. UNDERTAKER (ADDRESS): D K Payne & Son, Galt Mo

20. FILED: 5-16-, 1934 U C Weston, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5-15, 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-15, 1934, to 5-15, 1934

I last saw h. alive on 5-15, 1934. Death is said to have occurred on the date stated above, at 6 P.m.

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

	Date of onset
Premature Birth (8 mo)	
159	159

Other contributory causes of importance: —

Name of operation: none Date of:

What test confirmed diagnosis? clinical 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) U C Weston, M. D.

(Address) Galt, Mo.

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.