

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

Do not use this space.

21404

1. PLACE OF DEATH

County Jeffereson Registration District No. 6-5
 Township Looter Primary Registration District No. 1-1
 City Steele (No. 1) St. 1 Ward 1

2. FULL NAME

(a) Residence, No. Steele Mo. Ward. 1
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Willie A Lawhorn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10 - 1879

7. AGE YEARS 54 MONTHS 8 DAYS 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Same

10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Geni

13. NAME Andy Lawhorn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

15. MAIDEN NAME Onnie Campbell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT Leo Lawhorn

18. BURIAL, CREMATION, OR REMOVAL PLACE Missouri DATE 6-25 1934

19. UNDERTAKER (ADDRESS) Steele Mo

20. FILED 7/9 1934 Max P. Kelly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24 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... m.

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

Automobile accident. Date of onset

2106

Other contributory causes of importance:

Crushed chest, fractured skull, fractured ribs, broken leg.

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? accident Date of injury 6-24, 1934

Where did injury occur? In City of Steele Mo

(Specify City or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public Place

Manner of injury Automobile wreck.

Nature of injury Crushed chest, fract skull

24. Was disease or injury in any way related to occupation of deceased? No

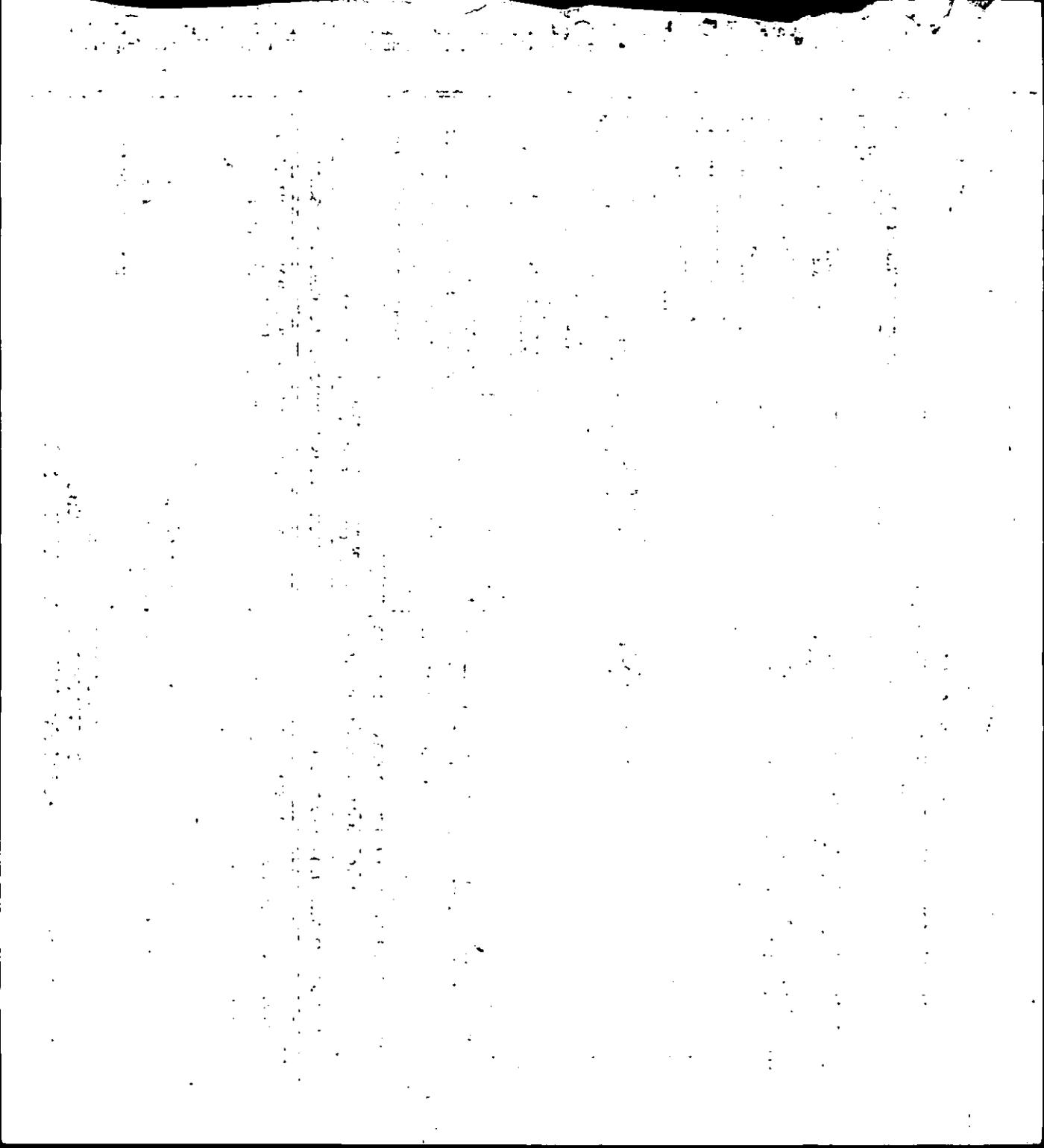
If so, specify

(Signed) J. W. Holmes M. D.

(Address) Steele 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.

JUL 11 1934



Missouri

WASHINGTON

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: George Washington Lawhorn
Who died at _____ on June 27 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex m Color or race w Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 54 Months 8 Days 14

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month 7 Year 1930

Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____

Principal cause of death: auto accident, lost control of car and ran into ditch
Crushed chest, Fract skull, Fract ribs

Other contributory causes of importance Broken legs

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident 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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 655 Very truly yours,

Primary Reg. Dist. No. 4392

E. J. Mc Gaugh M.D.
Special Agent. *g.c.*

J-21404