

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

Do not use this space.

SEP 12 1934

28396

1. PLACE OF DEATH

County Buchanan Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Joseph (No. 1914 south 11 street) St. _____ Ward _____

File No. _____
Registered No. 181

2. FULL NAME Elizabeth Mary Lawless

(a) Residence, No. 1914 South 11 street 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 Patrick H. Lawless

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23, 1866

| | | | | |
|--------|-----------|----------|-----------|----------------------------------|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
| | <u>68</u> | <u>1</u> | <u>27</u> | |

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

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) Weston
(STATE OR COUNTRY) Missouri

13. NAME Martin Miley

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ireland

15. MAIDEN NAME Elizabeth Miley

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ireland

17. INFORMANT Miss Margaret Lawless
(ADDRESS) 1914 so. 11 street St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL At Olivet Cemetery
PLACE St Joseph Mo. DATE Aug. 5-11-1934

19. UNDERTAKER H. O. Sidenfaden
(ADDRESS) St Joseph Mo.

20. FILED 8-21 19 34 John R. Buder
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 20, 19 34

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 19 34 to Aug 20, 19 34

I last saw her alive on Aug 20, 19 34 Death is said to have occurred on the date stated above, at 5:30A. m.

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

Myocardial Infarct.
92a
Other contributory causes of importance:
enlargement of heart -
arteriosclerotic -
hypertension -

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? No
If so, specify _____

(Signed) Frank W. Hardigan, M. D.
(Address) Templeman Bldg

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.

THIS IS A PERMANENT RECORD

