WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

SEP 13 1934

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

Do not use this space.

1. PLACE OF DEATH
County Butler — Registration District No. 980 — File No. 28469
Township Epps — Primary Registration District No. 5132 — Registered No.
City ..... (No. ..... , ... St. ..... Ward)

2. FULL NAME Ethel Lawrence
(a) Residence, No. 12 Mi W. Poplar Bluff Mo. 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 19-1934

7. AGE: YEARS 23 — MONTHS 11 — DAYS 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Scott Co Mo.

FATHER
13. NAME: Elisha Greer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scott Co Mo

MOTHER
15. MAIDEN NAME: Lulu Patton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cauldwell Ky

17. INFORMANT (ADDRESS): Wm Lawrence, Poplar Bluff Mo R 6

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Stringtown Cem DATE: Aug 19, 1934

19. UNDERTAKER (ADDRESS): N. T. Phelps, Poplar Bluff Mo

20. FILED: 8/19, 1934 M S Cauldwell, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-4-, 1934, to 8-18, 1934
I last saw her alive on Aug. 15, 1934. Death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	8-1-34

Other contributory causes of importance:

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) J. W. McBride M. D.
(Address) Poplar Bluff, Mo.

Levi & Fischer