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.

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

Do not use this space.

791

1003

31274

1. PLACE OF DEATH

County SEP 13 1934 Registration District No. 1003 File No. 31274

Township Primary Registration District No. Registered No. 8577

City St Louis (No. City Hosp #1 St. Ward)

2. FULL NAME Lawrence Dingman

(a) Residence, No. 22nd & Chestnut 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 7 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21. 1873

7. AGE YEARS 61. MONTHS 2 DAYS 13. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Pittsburg

FATHER

13. NAME Peter Dingman

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

MOTHER

15. MAIDEN NAME Alice Dunson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg Pa

17. INFORMANT (ADDRESS) Hosp Info Mt Kent City Hosp #1

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington U DATE 8-11 1934

19. UNDERTAKER (ADDRESS) Walter Richter 3500 Rutger St

20. FILED AUG 24 1934 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/12, 1934, to 8/4, 1934

I last saw him alive on 8/4, 1934. Death is said to have occurred on the date stated above, at 7 a.m.

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

	Date of onset
2311	
Pulmonary tuberculosis	
23	

Other contributory causes of importance:

Chr Myocarditis

Name of operation Date of

What test confirmed diagnosis? X Ray 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?

If so, specify

(Signed) P. Emmett Kelly, M. D.

(Address)