

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

Do not use this space.

JAN 9 2 1935

33908-a

1. PLACE OF DEATH
 County St. Francois Registration District No. 33
 Township Randolph Primary Registration District No. 6074
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Margaret Lawson
 (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph Lawson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 9-1861</u>		
7. AGE	YEARS	MONTHS
	<u>73</u>	<u>7</u>
		<u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation.
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
13. NAME <u>Wm Douglas</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Doerun Mo</u>		
15. MAIDEN NAME <u>Elizabeth Clemons</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT (ADDRESS) <u>Bert Power Leadwood Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Faunday Mo</u> DATE <u>9/22/34</u>		
19. UNDERTAKER (ADDRESS) <u>J. S. Boyer Leadwood Mo</u>		
20. FILED <u>9/21</u> 19 <u>34</u> <u>W. E. DeBruhar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1932 to Sept 20, 1934

I last saw her alive on Sept 20, 1934 Death is said to have occurred on the date stated above, at 11 P. m.
 The principal cause of death and related causes of importance were as follows:

Pneumonia Date of onset 1934
131
1328 1321

Other contributory causes of importance:
Chronic Hepatitis 3 yrs

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 W. E. DeBruhar (Signed) _____, M. D.
 (Address) Leadwood 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.

JUN 26 1952