

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

Do not use this space.

35069

OCT 18 1934

1. PLACE OF DEATH

County North
Township Grantsville
City Grant City, Mo. (No.)

Registration District No. 903
Primary Registration District No. 11345

File No.
Registered No.
St. Ward)

2. FULL NAME

(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 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Nellie Lawson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 3 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Invalid
10. Date deceased last worked at this occupation (month and year) McCall Mo
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McCall Mo

13. NAME John Lawson

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

15. MAIDEN NAME Martha Black

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McCall Mo

17. INFORMANT (ADDRESS) Nellie Lawson
Grant City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Heaven Chapel DATE 9-18-1934

19. UNDERTAKER (ADDRESS) Andrews

20. FILED Oct 9, 1934 Fred Mull Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1934 to Sept 16 1934

I last saw h. u. alive on Sept 16 1934 Death is said to have occurred on the date stated above, at 174 am.

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

Arthritis Deformans
57A
57
Other contributory causes of importance: Senility

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 of injury in any way related to occupation of deceased?

If so, specify

(Signed) John Andrews, M. D.
(Address) Grant City

