DEC 1 4 1934

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

Do not use this space.

File No. 39179

Registered No.

1. PLACE OF DEATH
County: Grundy
Township: Lincoln
City: (No. , St. Ward)
Registration District No. 328
Primary Registration District No. 3468

2. FULL NAME: Lawrence Edgar Daniels
(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: Male
4. COLOR OR RACE: white
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): March 23, 1915
7. AGE: Years 19 Months 7 Days 7 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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): Lincoln Twp Grundy County, Mo.

FATHER
13. NAME: Ray Daniels
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Edwards, Kans.

MOTHER
15. MAIDEN NAME: Daisy Sawyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Trenton, Mo.

17. INFORMANT (ADDRESS): Roy Daniels Trenton, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Martin Cemetery DATE: Nov 11, 1934
19. UNDERTAKER (ADDRESS): Chas E. Schooler Spickards Missouri
20. FILED: 11-10, 1934 Irene Draw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 10, 1934
22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1934, to Nov 10, 1934
I last saw him alive on Nov 10, 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	about Oct 21

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 B McGill, M. D.
(Address) Trenton 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.

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