JUL 1 8 1935

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

Do not use this space.

85

19047

File No.

Registered No. 572

1. PLACE OF DEATH

County: Buchanan

Registration District No.: 1001

Township:

Primary Registration District No.:

City: St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME: Everett E. Lawrence

(a) Residence, No. St., Ward. Rushville, Mo. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec, 6, 1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	45	6	20	

OCCUPATION

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

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): June, 1935

11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buchanan Co, Mo.

FATHER

13. NAME: Nelson J. Lawrence

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buchanan Co, Mo.

MOTHER

15. MAIDEN NAME: Minnie Yocum

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Platte Co, Mo.

17. INFORMANT (ADDRESS): Nelson J. Lawrence, Rushville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Sugar Creek Cem. DATE: June, 27, 1935

19. UNDERTAKER (ADDRESS): Walter Meinhofer, 1302 Faraon St. St. Joseph, Mo.

20. FILED: JUN 27 1935 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June, 26, 1935, 19

22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased from June 26, 1935, to, 19

I last saw him alive on, 19 Death is said to have occurred on the date stated above, at 12.30 m. A.M.

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

	Date of onset
Excessive Heat	
Had overcome by heat few years ago	
Other contributory causes of importance: no facts	3 days

Name of operation: none Date of:

What test confirmed diagnosis? Clin. Hist. 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? No

If so, specify

(Signed) Forest Thomas Coroner, M. D.

(Address) 731 Faraon St. St. Joseph, 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

100M-11-24-33