

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.

least sent to Mrs. J. L. Lancaster - *recorder* Do not use this space.

JUL 1 1935

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

21825

1. PLACE OF DEATH

County *Scottland*
Township *Labore*
City (No. _____) _____

Registration District No. *948*
Primary Registration District No. *6060*

File No. _____
Registered No. _____

2. FULL NAME

Lawrence Harold Hathaway

(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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Single</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug 20 - 1938</i>				
7. AGE	YEARS <i>1</i>	MONTHS <i>9</i>	DAYS <i>12</i>	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 _____	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Scottland Mo</i>			
	13. NAME <i>Clarence Hathaway</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Scottland Mo</i>			
MOTHER	15. MAIDEN NAME <i>Glades Henry</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Madox Co Mo</i>			
17. INFORMANT (ADDRESS) <i>Clarence Hathaway</i> <i>Labore Mo</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Transhurey</i> DATE <i>June 3, 1935</i>				
19. UNDERTAKER (ADDRESS) <i>Walter Parkett</i> <i>Memphis Mo</i>				
20. FILED <i>June 8, 1935</i> <i>Mallie Lancaster</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 1, 1935*

22. I HEREBY CERTIFY, That I attended deceased from *June 1, 1935*, to _____, 19____.

I last saw him alive on *June 1, 1935*. Death is said to have occurred on the date stated above, at *9:30 PM*.

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

Date of onset _____

Other contributory causes of importance:
1000

Name of operation _____ Date of _____

What test confirmed diagnosis? *Clinical* 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) *C. M. Whitcomb* M.D.
(Address) *Boring Mo.*

Handwritten characters, possibly a date or initials.

Vertical handwritten text, possibly a name or title.

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

Do not use this space.

1. PLACE OF DEATH

County Scotland Registration District No. 948 File No. _____
 Township Abies Primary Registration District No. 6060 Registered No. _____
 City _____ (No. _____ St. _____ Ward _____)

2. FULL NAME

Lawrence Harold Hathaway

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S
(write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

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

I last saw h. _____ alive on _____, 19____. Death is said

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

to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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

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

Brochial Pneumonia Date of onset _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Other contributory causes of importance:

10. Date deceased last worked at this occupation (month and year) _____ of _____ Total time (years) spent in this occupation _____

No complications

12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER Leah Baskett
 (ADDRESS) Memphis, Missouri

20. FILED June 8, 1935 Mathe Lancaster
 Registrar

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) E. M. Whitaker, M. D.

(Address) Baring, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Supplemental

AUG 6 1964

S-21825