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.

SEP 19 1935

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

Do not use this space.

22459

1. PLACE OF DEATH

24 County Clay — Registration District No. 197 — File No.

Township Gallatin — Primary Registration District No. 5276A — Registered No.

City ~~North Kansas City~~ (No. North Kansas City St. Ward)

7 4 2. FULL NAME Esther Lee Lawhorn

(a) Residence, No. 1208 E 24 St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Fe
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20, 1916

7. AGE: YEARS 19 — MONTHS 1 — DAYS 26 — 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) Anderson Mo.

FATHER
13. NAME Millard Lawhorn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anderson Mo.

MOTHER
15. MAIDEN NAME Emma Ball
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anderson Mo

17. INFORMANT (ADDRESS) Eva Lawhorn Anderson Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Anderson Mo DATE July 17, 1935

19. UNDERTAKER (ADDRESS) Morton Funeral Home North Kansas City

20. FILED Aug. 10, 1935 Viola C. Moyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1935

22. I HEREBY CERTIFY That I attended deceased from July 9, 1935, to July 16, 1935
I last saw her alive on July 16, 1935 Death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro Spinal Meningitis	
Left Organism causing	Jul 8 1935
if undetermined	

Other contributory causes of importance:

Name of operation: M Date of
What test confirmed diagnosis? Was there an autopsy? M

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? M 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? M
If so, specify
(Signed) H. Reinhardt, M. D.
(Address) North Kansas City Mo.

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

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.

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

Do not use this space.

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

1. PLACE OF DEATH
County Clay — Registration District No. 197 — File No.
Township Gallatin — Primary Registration District No. 3276 — Registered No.
City (No. , St. Ward)

2. FULL NAME Esther Lee Lawhorn
(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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): S

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

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

7. AGE — YEARS: 19 — MONTHS: 1 — DAYS: 26 — 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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 8-10-, 1935 Viola C. Moyer
Registrar

SUPPLEMENTARY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Cerebro Spinal meningitis — Date of onset
Diagnosis of secretion drawn from spine did not show the epidemic germ.

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) , M. D.
(Address)

79a

OCT 1 8 1935

S-22459