

'SEP 26 1935

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

Do not use this space.

28330

1. PLACE OF DEATH

County Saline
Township Marshall
City (No.)

Registration District No. 796
Primary Registration District No. 6039

File No.
Registered No. 127 St. Ward)

2. FULL NAME

(a) Residence, No. Anthony Lawrence 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 <u>male</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 30 1853</u>		
7. AGE YEARS <u>80</u>	MONTHS <u>36</u>	DAYS <u>36</u>
If LESS than 1 day, ... hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labor</u>
	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) mo
(STATE OR COUNTRY)

13. NAME Samuel Lawrence

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

15. MAIDEN NAME Hanette Shackelford

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

17. INFORMANT Ant Lawrence
(ADDRESS) Blue Ridge, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Funeral home DATE Aug 17 1935

19. UNDERTAKER Funeral home
(ADDRESS) Marshall

20. FILED Aug. 17 1935 Nelson
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 26 1935, to Aug 16 1935

I last saw him alive on Aug 6 1935. Death is said to have occurred on the date stated above, at 4:30 p.m.

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

Valvular Heart Disease Date of onset Don't know

Cirrhosis of Liver Date of onset Don't know

Other contributory causes of importance

Name of operation None Date of operation 26

What test confirmed diagnosis? Physician's exam Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

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) W. H. Madison M. D.

(Address) Marshall

