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.

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

Do not use this space.

38235

[illegible] 20 1935

1. PLACE OF DEATH
County Saline — Registration District No. 798
Township Nelson — Primary Registration District No. 6042
City Marshall Junction (No. ..., ... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Ace Lester Lawson

(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): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 15, 1935

7. AGE — YEARS: — MONTHS: 2 — DAYS: 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: non
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): Marshall Junction Missouri

FATHER
13. NAME: Ace Lawson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Clair Co. Mo.

MOTHER
15. MAIDEN NAME: Anna Stone
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Ace Lawson Marshall Junction

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marshall Junction DATE 27 1935

19. UNDERTAKER (ADDRESS): J. L. Surrey Marshall Mo

20. FILED Dec 10 1935 E. L. Chinnell Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1935, to Nov 26, 1935
I last saw him alive on Nov 23, 1935. 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:

	Date of onset
Bronchial Pneumonia	3 days
Other contributory causes of importance: Whooping Cough	3 wks

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) [signature], M. D.
(Address) Marshall Mo.