

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

Do not use this space.

40582

JAN 18 1936

1. PLACE OF DEATH

County Pettis Registration District No. 668
 Township _____ Primary Registration District No. 3032
 City Sedalia (No. Jerry Apts) St. _____ Ward _____

File No. 318
 Registered No. 668

2. FULL NAME

Charles Garber Lawrence
 (a) Residence, No. Jerry Apts St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</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>Catherine Griffin Lawrence</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 7 1864</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>10</u>
	DAYS <u>2</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>Retired Conductor</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Railroad</u>	
MOTHER	10. Date deceased last worked at this occupation (month and year) <u>Feb. 1934</u>	11. Total time (years) spent in this occupation <u>51</u>
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Randolph County, Mo.</u>	
FATHER	13. NAME <u>Charles Garber Lawrence</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Jersey</u>	
	15. MAIDEN NAME <u>Mary Oliver</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do not know</u>	
17. INFORMANT <u>Mary Edith Lawrence</u> (ADDRESS) <u>Sedalia, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>12-10-1935</u>		
19. UNDERTAKER <u>McDonald's Bros</u> (ADDRESS) <u>Sedalia</u>		
20. FILED <u>12-13-1935</u> <u>Jerry Slack</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9th, 1935

22. I HEREBY CERTIFY That I attended deceased from October 24, 1935, to _____, 19____
 I last saw him alive on December 9, 1935. Death is said to have occurred on the date stated above, at 11:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Congestive heart failure
hypostatic
 Date of onset 3 days

Other contributory causes of importance:
Hypertension - arterio-sclerosis, Cardio-renal
3 years

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? No 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) J. B. Bradley, M. D.
 (Address) Sedalia, Mo.

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.

