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.

DEC 30 1936

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

Do not use this space (5)

1. PLACE OF DEATH
County St. Clair — Registration District No. 763 — File No.
Township Butler — Primary Registration District No. 6005 — Registered No. 12
City Near Lowry City Mo (No. ..... St. ..... Ward)

2. FULL NAME Frank Marion Lawrence

(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 1 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 29. 1866

7. AGE: Years 68 — Months 1 — Days 17 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Savannah Mo (STATE OR COUNTRY) Andrew Co.

FATHER
13. NAME Doloman Lawrence
14. BIRTHPLACE (CITY OR TOWN) Near Portsmouth (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Lucinda Sampson
16. BIRTHPLACE (CITY OR TOWN) Near Portsmouth (STATE OR COUNTRY) Ohio

17. INFORMANT C. S. Lawrence (ADDRESS) Lowry City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Dunnard Cemetery DATE 2/17/36, 19

19. UNDERTAKER H. C. Austin (ADDRESS) Lowry City Mo.

20. FILED Dec 5 1936 Sophia L. Stratton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/16/ 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 10 30 A.m.
The principal cause of death and related causes of importance were as follows:

Valvular heart trouble

Date of onset

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) C. S. Stratton, M. D.
(Address) Lowry City Mo