

APR 17 1936

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

Do not use this space.

10102

## 1. PLACE OF DEATH

County Greene  
Township Hoyt  
City Warrensburg (No. ....)

Registration District No. 309  
Primary Registration District No. 5428

File No. ....  
Registered No. 21  
St. .... Ward)

## 2. FULL NAME

Wilbur E. J. Law

(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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6 - 1906  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
29 8 8

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. Farmer  
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) Greene Co. Mo13. NAME M. L. Law14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Co. Mo15. MAIDEN NAME Sadie Shumway16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrensburg Mo17. INFORMANT (ADDRESS) M. L. Law18. BURIAL, CREMATION, OR REMOVAL PLACE Warrensburg Mo DATE 3/16/3619. UNDERTAKER (ADDRESS) W. H. Martin20. FILED 3/16 1936 W. H. Martin Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar - 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 20, 1936, to Mar - 14, 1936  
I last saw him alive on Mar - 14, 1936 Death is said to have occurred on the date stated above, at 8:59 am.  
The principal cause of death and related causes of importance were as follows:

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

Date of onset

Hodgkins Disease  
72 hr

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 ✓, 1936

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) J. N. Bony, M. D.(Address) Warrensburg MoWARRENSBURG

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.

Dr. J. M. B. B. B.  
L. B. B.