

MAY 25 1936

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

Do not use this space.

16329

1. PLACE OF DEATH

County Pettis

Registration District No. 668

Township

Primary Registration District No. 3092

City Sedalia

(No. Bothwell Hosp #2)

File No. 110

Registered No. 668

St. _____ Ward _____

2. FULL NAME Stanley W. Lawrence

(a) Residence, No. Marshall R.R. #1 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 7 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 4 - 1916

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 3 4

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) Marshall R.R. #1
(STATE OR COUNTRY) Saline Co. Mo.

13. NAME Stanley Lawrence

14. BIRTHPLACE (CITY OR TOWN) Saline Co. Mo.
(STATE OR COUNTRY)

15. MAIDEN NAME Joseph Benderson

16. BIRTHPLACE (CITY OR TOWN) Saline Co. Mo.
(STATE OR COUNTRY)

17. INFORMANT Stanley Lawrence
(ADDRESS) Marshall R. #1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Saline Co. Mo. DATE 4-9-1936

19. UNDERTAKER F. D. Ferguson
(ADDRESS) Sedalia

20. FILED 4-9-1936 Jean Slack
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-8 1936

22. I HEREBY CERTIFY, That I attended deceased 6m
4-7 1936 to 4-8 1936

I last saw him alive on 4-7 1936 Death is said

to have occurred on the date stated above, at U. S.

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

Intussusception Date of onset 4/6/36

only seen by one physician at office

Other contributory causes of importance: 122

Name of operation _____ Date of _____
What test confirmed diagnosis Clam 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? no
If so, specify _____

(Signed) W. H. Harrison M. D.
(Address) Marshall Mo.

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.

