

**JUL 24 1936 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

22904

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Law Primary Registration District No. 4002  
 City St. Louis (No. Genl Hosp # 2) St. 2000 Ward)

**2. FULL NAME**

(a) Residence, No. 110 E 16th St., Ward. (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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
52 10 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 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) (STATE OR COUNTRY) Georgia

13. NAME Richard Lawson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

15. MAIDEN NAME Katiff Lawson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

17. INFORMANT (ADDRESS) J S Finney 110 E 16th

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE June 15 1936

19. UNDERTAKER (ADDRESS) Boyle Bros 11708 Tracy

20. FILED 6-12 1936 m m cred sal Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-9-1936

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 1936  
 I last saw h. alive on 1936 Death is said to have occurred on the date stated above, at 433 E 9th  
 The principal cause of death and related causes of importance were as follows:  
She had severe Pericarditis Date of onset

Other contributory causes of importance: NO

Name of operation Autopsy Date of 1936  
 What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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 Luan Richardson, M. D. (Signed) 1832 Vine (Address)

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.

